Letters to a Neurologist

TO WHICH ARE APPENDED BRIEF REPLIES PURPORTING TO SET FORTH CONCISELY THE NATURE OF THE AILMENTS THEREIN DESCRIBED, WITH REMARKS ON THEIR APPROPRIATE TREATMENT

By

JOSEPH COLLINS, M.D.

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CONTENTS.

I.—From a Lady Who Has Learned that Experience Is Fallacious and Judgment Difficult 1

II.—Tidings of a Neurasthenic 14

III.—From Pluto's Kingdom—Musings of an Obsessed 26

IV.—"Plurimum Facere Minimum Ipse de se Loqui" 42

V.—"We Took Sweet Counsel Together." 47

VI.—Education of a Mentally Defective Child 56

VII.—From a Mother Whose Daughter Is Depressed 72

VIII.—Hysteria in a Young Man 83

IX.—From a Psychoneurotic Who Is Hypochrondriacal 93

X.—From a Lady Who Seeks the Deliverance of a Sister Who Is Jealous ... 104

XI.—From a Doubting Thomas 116

XII.—A Drunkard's Plight 130

I.

From a Lady Who Has Learned that Experience is Fallacious and Judgment Difficult.

———————— Indiana.

Dear Doctor:

I met at the shore this summer one of your patients, who told me how much relief she had got from following the plan of treatment you outlined for her in New York last winter She made me promise that I would write to you and describe my symptoms and ask you whether or not I may look forward to any relief from the suffering which for twenty years I have borne with little fortitude.

When I was fifteen years old, parenthetically, I am now 37, happily married and blessed with three children, I began to have headache. Periodically since then, first once a month, later every two weeks, I have had attacks. I was nearly 14 years old when I first menstruated. When I have a headache at the time of my period it is more intolerable, but aside from this I have never been able to satisfy myself that there is any relationship between them. They have so overwhelmed me that I am "out of commission" for nearly a week. The first two or three days from the pain and then another day from the prostration which now always follows. When the headache first came the pain was located between

the right eye and the temple. From there it would gradually spread over the right side of the head and sometimes extend even to the other side. The truth is, that after the pain has been present for a few hours I am so miserable and unable to give thought to anything save to the struggle to live through the attack, that I can't say just where the pain is or is not. When the attacks are severe they are apt to be preceded by nausea and vomiting. This occurs less frequently now than formerly. Sometimes, also, before an attack, I experience an indefinable sadness and depression not attributable to anything in my surroundings, which occasionally lasts as long as two or three days. At other times before the attack I experience a very peculiar disturbance of sight. I am not sure that it should be so described, for the sight does not seem to be really affected. What occurs is that just before the pain sets in or, simultaneously, there seems to be a small black spot which floats around in my field of vision. Every time I move my eyes it moves too. At times when the pain in the head comes on with unusual severity and rapidity this black dot seems to be transformed into a small ball of light. On a very few occasions this light seems to have had a zig-zag movement. Lately I have had, in addition to headache, a great deal of trouble with digestion, gas forms in the stomach and intestines, and I think that it must be that that causes so many queer sensations in my abdomen, fluttering, distention, sometimes so great as to necessitate removal of stays and loosening of waistbands. I have also got very much run down and nervous. I cannot do the things socially or in my family that I could a few years ago, for if I do I am so used up that I am sure to get a headache. Perhaps I have said enough to give you an idea of

my case, but I must tell you what has been done for me, or rather, how I have been done by your confrères.

It is a long story, longer even than that which I have written about myself. When I first had headaches my mother took me to our family doctor, who gave me a new medicine every time I went to him and who finally acknowledged he could not help me. He consoled me, however, by saying that I would grow out of them, and on one occasion I overheard him tell my mother that they would probably disappear after I married. I won't say that I accepted the first man that proposed because of this knowledge, but when I did accept one he was lacking the magical possession that was to cure me. I had fewer headaches the first two years after I was married than before, but after the baby was born they came with the old time frequency, and I took a great many medicines, but without relief. Then the doctor discovered that I had a slight tear of the neck of the womb, from which he said the headaches were reflex, so I was curetted and repaired. But I had headache just the same after I got about. The next year I was sent to Chicago to have my eyes looked after and the doctor there was sure that my headaches came from astigmatism and "improper implantation" (those were the terms he used, so I thought I was a speciment though now I know I was a farm—and he a "farmer") of the muscles, so he decided to plant them over. He did. I was sorry for myself, and I have not got over it yet.

About a year later one of your New York men, an individual with a manner, a white waistcoat and an oracular way of being laconic, came out to read a paper before the doctors here. He seemed to

have brought his tools with him, for he operated upon three of my sex the day after he arrived, and the day following upon me. I had floating kidneys, he said, and they should be anchored. I had been planted, now I must be anchored. I couldn't understand how floating kidneys caused headaches once or twice a month and not at other times, but then the trouble was with me in more senses than one. I shall make no further comment than to say that I am sorry that he came out here to read that paper.

About this time Dr. ———— settled here. No one knew much about him except that he had practiced in Chicago and had been extremely successful there, but the climate did not agree with his wife and he decided to throw off the hold his practice had upon him and devote his life to his wife. This seemed to leave him time to devote himself to practice here, for within a month after he came he was doing nearly all of it. I am no better than my neighbors; I had him. At last I seemed to have found a pillar of strength and a tower of wisdom to tie up to. He was sympathetic and understanding, and he had seen hundreds of such cases among the best families on Prairie avenue, and although it was not a patency of good form to have such headaches in Chicago, they were much more common in the first families than in the newcomers. Such headaches come from the liver. They are dependent upon "insufficient metabolism"—a process which is carried on in the liver. In my case the procedure was insufficient because the capsule of the liver had stuck to that organ in the same way as a veil sticks to your face (our faces I mean) when it becomes wet. I learned to talk the lingo and I was only sorry that I couldn't be present save in

the spirit when he shook the sistrum and lifted the veil from the goddess of metabolism. I was ill in bed a long time after this. I don't know just what they did to me then, but the doctor said it was a capital operation. At times he used language loosely, very much as he did my anatomy.

I then decided to give up doctors and bear my cross as best I might. I had whiled away some of the weary hours while convalescing from the last operation by reading the "Power of Silence," and I decided to fill my mind with love, the world beautiful, an abstract God and other pain-preventers and misery-mitigators, and it worked splendidly until the first real headache came, then my idolized trinity was a flash in the pan and there was scarcely a memory of them left. After that a friend of mine, a lady who had been cured of cancer after having been given up by all the doctors, came to see me and told me of her own miraculous delivery and of scores of others, so I was prevailed upon to send for the wonder-worker. He told me that my spine was dislocated and from that the headaches flowed. I can't imagine how he knew this, for he didn't look at my spine or make any examination whatsoever, but he could cure me, he said, in about forty treatments, and as that is what I was searching for, the promise of it even was better than nothing. My spine was an obstinate one and forty interviews only served for a bowing acquaintance, so I took forty more; then I suddenly felt poor in purse and proud in person and decided to give it up. As a matter of fact, I felt better generally after this treatment than I had for some time, but it had no particular effect upon the headaches.

These latter experiences, while causing me to lose faith in the supernatural, did not restore that rest-

ful and supreme confidence which I once had in the educated, level-headed members of your profession and which I wish I might have again. I resolved firmly to have no more opinions from doctor or priest concerning the nature of my ailment nor to solicit expressions of opinion as to the course to be adopted to cure it. I need scarcely tell you that this resolution was made in an interval during which I was freer from attacks than usual.

My good intentions (perhaps you will not appreciate my adjective) fell before the demon Pain and I was glad to consult a physician in Cincinnati who had been recommended to my husband. I went to see him and spent a week at a hotel there while he was completing the examinations, which were made with much thoroughness so far as I, a laywoman, could judge. He gave me a test breakfast, then pumped it out and analyzed it. I had too much acid. Heretofore my doctors had found me deficient in things (*they* were lacking in what I considered to be one essential, I thought) so this was quite encouraging to me. Then I had to swallow a ball as large as a marble, of lampblack, which I was assured was inert and then weigh all the food I ate for a certain period, then swallow some more lampblack. I got quite interested in this. Then there were a lot of other examinations to determine my "metabolic coefficient" and my "elimination capacity" and things which I never knew any human being, let alone a woman, had. At last it was decided that the trouble with me was that I was the director of a large manufacturing plant situated in "our midst" engaged in making poison. I was the sole consumer and of course the monopoly wasn't good for me; in fact it gave me headaches. This was a most plausible and alluring explanation, at least so much of it

as I was able to understand. I didn't fancy myself very much when I let my mind turn to my occupation, but in reality I didn't have much time to think about anything save the stunts I was obliged to do to get well. I had a green vegetable diet. The word green or the sight of green calls up memories that I would gladly be without. The sight of spinach has the same effect upon me that the odor of garlic, consumed the night before, has upon most people. And so far as baked apples are concerned, well, if it hadn't been that an apple and Newton were responsible for gravitation, I could wish the apple had never been born. I suppose I must tell you of the "irrigation," too, though I should prefer not to do so. When I hear the word irrigation I have the shivers. When I read of how the deserts of Texas and Utah have been reclaimed and converted into fertile valleys laden with tropical vegetation, blossoms and fruit which rival in their appearance the panorama once seen by mortal eye from the summit of Mt. Pisgah, a silent prayer is registered that irrigation will soon be reserved for such purposes and not applied to the human anatomy. All this time I took disinfectants until I was convinced that my interior was no better than a pest house.

Oh, well, why burden you with more of this, you know I didn't get well. Had it been otherwise I should not be consulting you. Sir Leslie Stephen, in his delightful "Hours in a Library," says everyone should write an autobiography, first, because human documents are always interesting, and second, to explain, if possible, how one can be so dull. I am not aiming for either of them. My inquiry is a simple one. Can I be relieved or must I go on suffering these occasional torments until I

am translated? I don't care a fig about the name of the disease, that geniuses have had it, or that it accompanies usually a high order of intellectual or emotional endowment. I know it, your colleagues have told it to me, and it doesn't help me a bit. What I want to know is, what shall I do to be saved, and I cry out with the anxiety and agony of a penitent sinner who sees the traditional hell being adapted for the conveniences of his immediate occupancy.

Yours respectfully,

New York, Feb. 24, 1908.

Dear Madam:

You have had an unfortunate and, I hope, uncommon experience with the guild of which I am a member. Headache is a very common affliction. It has been stated that one person in five is subject to it. This alone indicates that it is the expression of many different diseases and disorders, most of which are curable. For instance, nothing is more firmly established in our art than that headache is often dependent upon defects of the sight apparatus, causing what is called eyestrain. That is why so many patients with headache are benefitted by the ministrations of an oculist. What I wish to convey is, that headache is nearly always the symptom of some disordered condition of the body, and that this disordered condition can usually be relieved, but in your case headache is a disease.

The disorder from which you suffer and which you have described so fully is known to physicians as migraine and to the laity as sick headache. The headache and other symptoms that you have more or less periodically is merely the expression of a disorder which you have all the time. This may be

difficult for you to believe when you reflect that you are in excellent health and corresponding spirits in the interval between the attacks, but no one doubts that the unfortunate victim of epilepsy is still the victim of the disease even though his attacks be separated by intervals of many months. In other words, migraine is a constitutional disorder, the symptoms of which occur occasionally. We physicians speak of it as a nervous disorder of degeneracy or deviation. By thus designating it we endeavor to indicate that it occurs in individuals whose evolutionary development has not been sufficiently harmonious to allow the different components of the finished product to so work in unison that the result is a symphony, emotional, intellectual or physical. Such a condition is a defect of heredity and if you will search your ancestry you will find that someone from whom you are directly descended, very likely your mother or grandmother, was similarly afflicted or had some oddity of her mental, emotional or physical makeup that distinguished her from other people. You will gather from this that I lay great stress upon heredity as a potent factor in the causation of so-called functional nervous diseases. Men and women learned in the laws of heredity, and professional biologists tell us of many things in our moral and physical makeup that is the result of reaction to environment, but one cannot have been a neurologist for twenty-five years without having been led to the conclusion that it is heredity, and not environment that contributes materially to his clientele.

All this is very interesting you may say, but what bearing has it upon the cure of your headache? A very great deal, I assure you. If you can gain a conception of the nature of your ailment and the

way in which it developed, then you will not be overwhelmingly disappointed when I tell you that the profession of which I am a member is powerless to cure it. We are able to suggest to you certain reforms in your mode of life, in your conduct, in your habits, etc., which, if instituted, will be followed by very great relief. Not infrequently we are able, by correction of certain structural faults of the different sense organs, such as the eyes, nose, ears, etc., to very materially diminish the number of attacks, but we are not able to cure the disorder any more than we are able to give a harmonious blend to the hirsute appendages of the gentleman who has black hair and red beard, or who has one blue and one green eye, or to overcome long prehensile index-fingers, to do away with other signs of disharmonious evolutionary development.

Headache, you know, may be caused by indigestion and constipation, which may be relieved by taking calomel or other aperient. Headache often comes to those who do not eliminate adequately through the skin and through the kidneys, and headaches occur frequently in individuals whose eyesight is poor and who have other abnormalities of their visual apparatus. Headaches occur in persons who have obstruction of the nasal passages and of the hearing passages, and headaches occur in individuals who are "run down" and exhausted from innumerable causes. I should not particularize them did I not wish to say that these organs are oftentimes a little off the key, as it were, in individuals who manifest that sign of disharmonious development known as migraine, which you have. Therefore, one of the first things that a migrainous individual must learn about himself is, what manifestations of departure from the normal has he in

any of these organs, and how completely can such abnormalities be overcome? The migrainous individual who accomplishes this and who looks after his digestive apparatus and his avenues of elimination, who avoids over-fatigue, who maintains a high degree of bodily health (which, by the way, I hold is inconsistent with the habitual use of stimulants and the modern habit of excessive meat eating), will have headaches very rarely and when it does occur it will probably be not very severe.

I hear you say that to accomplish this you must become a self-centered, self-watchful individual. I do not admit it. One of the first things that every individual must learn is his or her limitations. The more closely he safeguards them the less often and severely will he be injured. If a sensitive person goes about saying disagreeable things about everyone he sees or knows, sooner or later he is sure to hear similar things said about him. The sensitive person should acquire the habit of praising or he should get tongue-tied. Neither one will subtract from his moral or intellectual stature. On the contrary, they will contribute to his happiness. In this same way you will materially smooth your path and lighten your burden by adopting a practically vegetarian diet, while walling up every avenue that leads to useless exhaustion of your energy.

Make a careful inventory of the things you do in the name of pleasure or diversion, and find out how many of them give you real thrills comparable to that which you felt when your husband, then courting you, first read to you those verses beginning:

> There's a woman like a dew drop.
> She is fairer than the fairest.

and with all your intellectual and emotional soul you thought he meant you; or anything approximating the divine strength and resistance you felt march majestically into your soul on conquering some mean and ignoble temptation, or the upilft that you have had from listening to inspiring music, or the peaceful serenity and contentment that has come from the growth of family feeling. You will find, I think, that most of the things that you do in the name of pleasure are stupid, inane, boring, stultefying and profitless. I advise you to cut them out, they contribute to migrainous attacks! In the same way scan carefully the incidents of daily life that exhaust you. You will find that most of them are purposeless and can be avoided without curtailing your activity or your efficiency. Ask yourself seriously the purpose of life, and having answered it bend yourself to the realization of it joyously. You will find that it is not exhausting, it is exhilarating. It goes without saying that if you find the purpose of life is to be harassed by the problem of domestics, to devise means of suppressing vivisection, or to win the first prize in a transcontinental bridge whist tournament, you are likely to be disappointed with existence here below, and also to have many headaches. On the other hand, if you see your way clear to devote your life to making this world a most attractive tarrying place for your husband, children and neighbors, en route to Heaven, you will find that serenity and contentment which the sage in meditation found, and with it health and happiness. Moreover, you will find that such conduct is an anodyne in hours of suffering, a stimulant in hours of weariness and an added joy to life at other times.

"But," I hear you say, "am I to take no medi-

cine?" Yes, dear madam, you are to take ten grains of gray powder every 21 days on retiring, and in the morning take a mild saline laxative like sulphate of magnesia. Gradually as your headaches get less frequent, make the interval between such doses longer. This may soon be accomplished if you will so arrange your diet, your exercise and your habits, that you get a copious and adequate evacuation of your bowels each day—for that which we call "hepatic inadequacy" is a powerful force in causing attacks of migraine.

When your headaches are very severe, send for any good common-sense doctor, and ask him to give you one or two doses of some simple pain reliever. Tell him you don't want to be cured, you want only to be relieved. Smile blandly at the doctor who says he can cure you.

Yours sincerely, ——.

II.

Tidings of a Neurasthenic.

———, California, December 8, 1906.

Dear Doctor:

I am writing to you to get an opinion concerning a colleague who has come out here to live—or rather to die, according to his statement. He was formerly a practitioner in Philadelphia. It is tempting to say here something about the pace there in relation to his disease, but I refrain. His story is a long one, and I confess that I do not see clearly his way out. It is very likely because of my small experience with such cases, that I feel the necessity of leaning upon some one to aid me in forming a judicial opinion. The physician's story, as I have been able to put it together, and to abbreviate it (for if I were to write all that he has told me I should have to defer writing until next summer's holiday), is practically as follows:

He is 36 years old, celibate, of New England birth and education, and up until the time he withdrew from active work in the profession, now about 18 months ago, he had had good health. After about ten years in active general practice he began gradually to specialize more or less in gynecology. His practice was never very large, he says, but it was very engrossing. It is not so easy for me to apprise you of just what he means as it would be if you knew the man. He has that indescribable something which, when doctors have it to give, patients

take from them at the expense of their vitality. He did not hesitate to assume responsibilities, to give endless encouragement, sympathy, and care to everyone who came within his sphere, it mattered little whether he had a personal liking for them or not. He was successful, but not immoderately so, although he was a very hard worker both with his patients and with his books.

When he was 30 years old he had an attack of inflammation of the prostate which resulted in abscess necessitating a good deal of surgical treatment which was given to him by a very competent man, Dr. ——. He made a fairly satisfactory recovery, although he was still in the surgeon's care when two incidents bearing upon his present illness transpired. One was a shocking accident to a member of his immediate family, and the other was the protracted and fatal illness of one of his most beloved and important patients. This illness was a painful and tedious one, during which the doctor was most untiring in his attentions. It was at this time that he began to complain of physical and mental torpor, of a sensation of emptiness in the head, and of unaccountable depression. He decided to take a holiday in the shape of an ocean trip. He went to England and although he says he was improved somewhat by the trip, nevertheless, he consulted a physician about his prostate who advised him to have deep urethral injections. He took the treatment for a period of six weeks. During this time he became depressed, particularly because of a pain which had developed in the abdomen to the right of and below the umbilicus. The pain was more or less constant, a dull, exhausting ache. Soon other symptoms developed, particularly disturbed sleep, more or less headache, considerable

neuromuscular weakness, and worst of all, mental depression. He consulted another physician but not being impressed by the quality of his advice he went to Paris and sought the opinion of a well-known professor of nervous diseases, who suggested that he should go to the South of France and take a cure, principally hydriatic. He tried this for a while and with some benefit, but as he was worried about his affairs at home he decided to come back and devote himself in a quiet way to his practice. He undertook work only to find that he was mentally and physically unequal to it. He was so absorbed in the consideration of his own disagreeable sensations that he could not give attention and concentration to the various things that demanded them. More than that, he seemed to have developed a very considerable amnesia which added to his depression for he became convinced that it meant some disease of the brain, such as general paresis or arteriosclerosis, which his physicians had not detected. Inclination to work was often felt but he did not have the ability to make himself do it, and when he got himself into work he soon became so exhausted that he felt prostrated. With this came a settled conviction that something much more serious had befallen him than any of the physicians whom he had consulted had yet discovered, and he began to seek the advice of one consultant after another. The result was a variety of opinions which but added to his anxiety and his apprehensiveness. The pain in the side he was convinced resulted from some malignant process; the trouble of the prostate gland was of such a nature that treatment could not overcome it, the slight polyuria was magnified into a symptom of prime importance. Occasionally he complained of dizziness, of palpitation, of a flut-

tering sensation in the abdomen, and worst of all, of periods of acute anxiety. At these times he would become so solicitous concerning his immediate safety that it was necessary to call a physician, and oftentimes a new one, to calm his fears. During this time he received a great deal of treatment from a genitourinary surgeon, from an internist, and from a general practitioner. He made some progress toward recovery, but never enough to permit him to carry on his professional work. He gradually became convinced that his life of activity had been lived and that he must give himself up to chronic invalidism for the remainder of his days. He became preoccupied about himself in the most typical hypochondriacal way, and the manifestations of selfishness which he displayed are too numerous to mention. Finally he consulted a physician who advised him to come out here and here he has settled, surrounded apparently by every comfort, provided almost entirely, I am told, by his relatives, and ministered to by a devoted sister who, however, has a devoted husband in the East who thinks he is not getting a square deal.

I was called in to see this colleague during one of his anxiety attacks and got interested in his condition. I have since been frequently to see him. He says that he is very anxious to get well, but he thinks the age of miracles is past, that he has done everything that has been suggested and, despite this, witness his present state. He has not enough money to support himself in any comfort nor has he prospects of such, but despite this he accepts the sacrifices of the various members of his family and is preparing to die.

His principal symptoms as far as I make out are headache, disturbed sleep, physical apathy and weak-

ness, indigestion, constipation, occasional dysuria, depression of spirits, enfeebled intellectual capacity manifest by inability to concentrate, to recall quickly, to associate, and to exert the will-power, emotionalism, and selfishness. Everything that comes up for comment, discussion or debate, is brought to the threshold of his Ego for comparison and application. Common incidents of daily life that do not apply to him at all are treated as new and potent sources of injury to his prospects of recovery.

I have looked him over as carefully as I can and although there is evidence of disordered function of different organs and systems of his body, I cannot find any evidence of disease. His digestion is surely not in good condition, elimination from the skin, kidneys, and bowels is inadequate, and the extremities are cold, the skin oftentimes clammy, and his complexion has a color or hue that does not strike one as the color of health, but his circulation, heart sounds, blood-pressure, and blood itself are all in fairly normal condition.

I forgot to say to you that at the present time he is under the care of an osteopath here. He says that he has exhausted the resources of the regular profession and that it does not make any difference to him what the osteopath thinks about dislocations of his vertebræ so long as he feels a little better after the treatment. He has given up the idea of ever being restored, but he does not scorn being made to feel a little better en route to translation.

What I wish to get from you is the expression of an opinion as to the nature of his ailment and how to proceed in the accomplishment of his cure. If you will outline a plan of treatment for me I shall try to carry it out and let you know what success I have.

Yours faithfully,

New York, December 15, 1906.

Dear Doctor:

I have read the description of your patient and I hope I shall be able to say something to you that will aid you in restoring him to a career of usefulness and that you may obtain the earnest for your service that is one of the greatest joys of life to members of our guild, viz., the gratitude of a fellow creature reclaimed from a life of invalidism.

I should like to have heard something of your patient's ancestry and of his environment during the years when his character was in the mold. We neurologists early became apprised of the fact that the rift in the lute of some ancestor, by and by makes the music mute in the descendant (with apologies to Tennyson). Indeed, perhaps there is no disease whose course and eventuation is more illumined by a knowledge of the forbears of the individual than neurasthenia, from which your patient suffers, except one with which it is frequently confounded, psychasthenia. This last-named disease may be unfamiliar to you as recognition of it has disseminated slowly. Beard struggled for 25 years to get neurasthenia accepted as an autonomous disease, and scarcely had he got the colossus measured than the dismemberment of it was begun. You know the vast literature that has grown up around it in every land, especially in Germany, the country in which it was at first most coldly received. To-day it is held by many leading neurologists in this country and abroad that neurasthenia as an autonomous disease does not exist, but that there is a symptom-complex subject to slight variation in its constitution but to great variation in its intensity, which is the expression of fatigue or exhaustion of the entire nervous system and its appendages to which the

name neurasthenia is properly applied. This symptom-complex may be the result of many widely different causes, but the immediate antecedent is the expenditure of energy that cannot be spared. This expenditure may be a voluntary one, an attempt to accomplish some specific purpose, such as acquiring fame or fortune, or involuntary, an effort to counteract disease or disorder of some important function, or to withstand shock, ignominy, or grief. Infringement of what are called Nature's laws (to be made out in many cases of neurasthenia comes under this head. Some individuals have a vast amount of energy and a large capacity for generating it, others have not. Some individuals tolerate frequent and protracted demand upon their physical and emotional spheres, others do not. Some persons take alcohol all their lives with impunity, others cannot indulge in it a short time without suffering. The individual is the important factor to be considered when the cause of the disorder is being sought.

The neurasthenia that I recognize is characterized by definite physical and mental symptoms, and they are those enumerated in the closing paragraphs of your letter. Naturally, different individuals describe their so-called feelings and sensations differently, according to their temperament, capacity for expression, their imagination, etc., and this holds true for individuals who are neurasthenic. But fundamentally the symptoms are subject to but little variation save in intensity and duration, and these qualities may be accounted for just as they are in scarlatina, pneumonia or other accidental disease. I look upon neurasthenia as an acquisition, not an inheritancy. I look upon psychasthenia as an inheritancy, not an acquisition. Therefore, neuras-

thenia rarely if ever occurs until after maturity. Psychasthenia almost invariably shows evidence of its existence before that epoch. There are borderland cases, and one of them is described in a letter I append to this reply. Charcot used to show us, when I was a student in Paris, cases of what he called congenital or idiopathic neurasthenia and he distinguished them very closely from acquired neurasthenia. This was another indication of his clinical clairvoyancy. Congenital neurasthenia nowadays is pronounced psychasthenia.

Psychasthenia, the disease (I repeat, at the expense of wearying you, I fear) from which neurasthenia must always be distinguished, if we are to have full measure of success in treating these disorders, is, on the other hand, not an acquired disease. It takes its origin in soil that has been prepared before the birth of the individual and indications of the existence of abnormalities in the victim's mental make-up are frequently present while he is still a child. Such indications are aboulias, phobias, scrupulosity, literalness, obsessions, etc. This predisposition evolves unaided, spontaneously. Incidents slight and trivial to the average individual produce itnense results. The chief reason why the physician should distinguish between neurasthenia and psychasthenia, is that one is eminently curable, the other is not. Neurasthenia is a disease that yields almost uniformly to appropriate treatment, and I have no hesitation in saying to you that your patient will recover.

The plan of treatment that you ask for is a simple one: Improve his nutrition and praise him. Functional disease cannot withstand the first, and feelings of incapacity, insecurity, and inadequacy fall before the latter as Tyre fell

before Alexander. There are many ways of accomplishing the first: superalimentation if the digestive apparatus will take care of it, massage, resistance exercises, tonic baths, Nature's soft nurse, etc. Indeed, I am not at all sure that the latter alone will not be adequate if you give her full possession, and the way to do it is to have the patient sleep out-of-doors. I am of the opinion that anyone with neurasthenia who will stay in the open air all the time and whose insomnia can be overcome will soon recover. At least, I should like to be reduced to treating everyone who comes to me with neurasthenia in that way.

What shall I say to you about food? Give him food that agrees with him and give him plenty of it. The important thing is to have a diet schedule. It is a valuable disciplinary measure for the patient. If he gains from one to three pounds a week he is going on favorably. If he does not, milk, eggs, and other easily digested, nourishing foods need to be pushed.

Shall you put him to bed and give him a rest cure? I am against it. One has to do it occasionally with patients whose neuromuscular tone is very low, but in all other cases I am opposed to it. A definite hour for a tonic bath, another for resistance exercise, or massage, for reading or being read to, for taking food, for resting, etc., will help to dissipate time, and will at the same time tend to convince him that every effort is being made to restore him to health. Neurasthenics take their symptoms and themselves most seriously and it has an excellent moral effect upon them to treat their symptoms as if you were engaged in a combat with a foe worthy of your steel. Moreover, such systematic treatment is bound to relieve some of the symptoms, and this

relief can be used as an example of the way in which the symptoms will disappear and the disease be gradually overcome. If you are able to instill into his soul the element of hope you have gone a long way toward making him well, even though he has got into the hypochondriacal stage of his disorder.

I counsel you to give him no local treatment even though you may be convinced that his prostate is not entirely normal. The benefit to be gained from such treatment is so immeasurably outweighed by the effect which it has to further concentrate his mind on a portion of the body from which come disagreeable sensations, that it is much more expedient to disregard it altogether.

So far as drugs are concerned, I wish only to say to you that practically they are unnecessary in the successful treatment of neurasthenia, save occasionally to counteract some disagreeable symptom such as stomach hyperacidity, insomnia, or constipation. These symptoms and all the others of neurasthenia may be overcome by appropriate dietetic and physical measures, but it takes some time to do it and meanwhile, if the patient's comfort demands it, they may be counteracted by drugs. What I really want to say is that no systematic drugging should ever be undertaken in neurasthenia. The habit of giving bromides and other sedatives, and of giving strychnine and other stimulants for a long period is in my judgment pernicious. If these statements were not founded in the experience of treating many hundreds of cases of neurasthenia and so-called neurasthenia, I should suspect them of being tinged with arrogance and dogmatism.

If your patient was suffering from psychasthenia instead of neurasthenia, I should have to dwell at

great length upon what we neurologists call the moral treatment. I interpret him as a pure neurasthenic, so I leave it to your own judgment to formulate a plan for encouraging him and picturing the pisgah sights of the future when he shall be entirely restored to health.

Yours very sincerely,

———

———, Texas, Nov. 8, 1900.

Dear Sir:

I would like you to advise me as to the following case. At the age of 23 years (I am now 32 years old) of age, I developed a *severe* case of neurasthenia. Neurotic temperament. There is a history of masturbation when young. As far as I can remember the habit was not indulged in to any great extent, but was probably a great factor in the production of the trouble. I graduated in medicine when young, 19, and I was a surgeon in the army at 21 in charge of a large railroad hospital. When the trouble first began I started to consult you, but when I arrived in Baltimore I was in such a bad mental condition that I consulted Dr. ——, who sent me to a sanatorium for about two weeks, and then back to work. He informed me that I would gradually get better and better until I would soon be fully restored. I wrote him a number of letters, but he treated me with utter contempt. Then you will recall that I wrote to you. You advised me to place myself in the care of some colleague of good common sense and judgment, and to follow his instructions implicitly, but, like an infernal fool, I have endeavored to treat myself. I have drifted into a hypochondriacal melancholic condition. It seemed as if the disease prevented my seeking the proper relief. I have traveled extensively, taken all forms

of treatment, and went on a ranch for a while, but could not remain there as the life did not appeal to me. For five years, unrelieved by the slightest relaxation, I have suffered untold agony. I was told by an alienist that if I would go to work I would get well. For the last two years I have been practicing here and am doing fairly well and I know I could win out if I could get well. I presume that I am a sexual neurasthenic, as the principal symptom has been a disturbance of the sexual sphere. What I desire to be informed is if you can be of any permanent help to me. I do not ask a complete restoration. The past with its horrible tortures has made such a mental impression that I am at a loss to understand how you would proceed to treat me. I do not want any more sanatoriums—nor promises that cannot be backed up by results.

What would you charge to treat a case of this kind? Make it reasonable as possible, as you yourself know how I am handicapped. I am a pretty disagreeable patient to handle. The case is a chronic one, and will require a line of treatment that I have not yet received. Had I been treated at first as you suggested, I would have been in a far better condition. Assuming from facts stated above, if you desire to undertake the case, we will make more definite arrangements. I am very busy just now but will try and get off at a later date. Promises are like pie-crusts, easily broken, so kindly do not answer this letter if you can not help me. I will take any form of treatment you advise. I understand you are peculiarly adapted to the handling of degenerates, and I would like to have one more chance.

Pardon this long letter, it is the first written to any doctor in a number of years.

Yours truly,

III.

From Pluto's Kingdom—Musings of an Obsessed.

————————, Louisiana.
January 18, 1908.

Dear Doctor:

To-day I went to see Dr. ———, who has always been our physician, to ask what I should do to get relief from a distressing symptom that has fastened itself upon me during the past year, and he advised me to consult you. Before making the journey to New York I should like to give you a brief outline of my infirmity and to ask you what hope you can hold out to me that I shall again be well and happy. I say it is during the past year that the most disagreeable symptom has come, but in reality I have had symptoms for a longer period than that. It is only latterly that it has begun to interfere with my work and to menace my joy of life. It is difficult for me to describe my condition: While I am at work in my study, intent (though perhaps not wholly) upon some problem that interests me, my breathing seems to stop. The more I concentrate my attention the greater is the disturbance of respiration and this, of course, distracts me. I try to push it out of my mind, as it were, and to get down to the matter before me, but, as soon as I succeed in doing so, my breathing hitches or stops. I then begin to experience a sen-

sation of nervousness and obscure apprehension and I have to give over my occupation and go out-of-doors or get diverted in some way. There seem to be variations of the disturbance of breathing. For instance, I want to know the time; I look at my watch but before I am sure of the exact time, *i. e.* while I am coming to a conclusion, the breathing seems to stop. While reading I am often nervous and I have to practice breathing in a sort of surreptitious way in order to read. While drinking water I have to stop at the end of a swallow and then start again.

Then I have difficulty in making up my mind or at least in convincing myself that I have done certain acts. After writing a letter and having addressed the envelope, I will look many times before being convinced that I have signed and addressed it properly. I lock the door and then am not satisfied that it is fast; and the same thing is true of the windows. The minute that my hand leaves the door or fastening I am assailed with doubt.

I have always thought this was a species of nervousness; now it is associated with fear, want of confidence, lack of certainty, and mind wandering. When I have done something I am not sure of it, and the effort to make sure of it disconcerts me thoroughly. The fear not to use the right foot when starting and when going in and out of doors, and of not giving and receiving things with the right hand annoys me a great deal. I argue with myself and convince myself that it is "Miss" and not "Mrs." but as soon as I have apparently convinced myself the conviction deserts me and I must begin anew. After I have put the letter in the envelope I have to take it out and replace it time and time again before I

am sure that it is in proper form, and after it is stamped and sealed and in the mail-box, I am worried to know whether it is properly stamped and sealed, and I have had to wait for an hour or more until the collector came to open the box.

I am very much bothered and worried at times to know whether the paper on which I write is free from having been written on before, and I turn the paper on which I am writing over and over before I am convinced. Superstition as to time, things, minutes, and days, extreme conscientiousness as to exactness in every detail worries and perturbs me. When I start off with my right foot, though I see the moving of the foot I have no consciousness that the foot has moved, the act is finished while the mind is in doubt. When I am giving things out of the right hand, as soon as the thing is given the act is doubtful and I want the act repeated, though the repeating might not be more impressive.

I am afraid you will think I am crazy, and indeed, I often ask myself if it is not true that I am losing my mind. Apparently I am in possession of my faculties and my conduct is in conformity with such possession. Only a few persons know anything about my affliction, and I nurse the hope that I can, with the aid of your skill, rid myself of it without notoriety.

I suppose I should tell you something about myself before I proceed further to describe my complaint. I am 29 years old, unmarried, and a clergyman of the Presbyterian church. I do not officiate in this capacity for I hold the position of Assistant professor of history in ——— University, to which I was appointed after I finished my graduate work in that institution four years ago. I am fairly suc-

cessful as a teacher when my health permits me to discharge my duties, but last autumn I was obliged to ask for leave of absence and come here to my former home to see if I could pull myself together.

This complaint that I have has been developing for some time. I can see now that certain feelings, doubts, and compulsory notions that I had as a youth were really forerunners of many of the symptoms that I have nowadays. As a boy I was sensitive, shy, and retiring, at least apparently shy and retiring. In reality I was not shy, for when in the presence of intimates only, I could assert myself. I was not very popular at school save with a few, but I believe now this was because of a certain preciosity which I looked for in others and which I am now glad to believe is uncommon. I was a pious boy and walked in the fear of the Lord. Indeed, one of my first worries was whether or not I had an adequate awe of the Lord. Another was what might happen to me if I told a lie. This latter led to a literalness of speech that gave me the reputation of being affected and pedantic. I blush now thinking of the period when I felt obliged to conform to the Biblical injunction that verbal intercourse should be limited to yea and nay. But these were only passing fancies as were so many others that I had, and which I suppose are common to an emotional, high-strung youth. Meanwhile I had a facility for learning which often gave rise to favorable comment. It must have been about my fifteenth year that I began to worry about nocturnal emissions. I didn't know what they meant and I was afraid to ask, as I believed they were peculiar to myself and in some way connected with personal inadequacy or insufficiency. I think now that the feeling I had

was one of shame more than anything else, for I recall distinctly that I was very much embarrassed by and ashamed of the hair that had grown on different parts of my body, and I got myself very much wrought up considering what would happen if anyone found out about it. I was always inclined to blame myself for anything that happened that I didn't understand. Perhaps I should convey my meaning better were I to say that I was self-deprecatory, yet I was by no means unappreciative of my ability to do things, nor did I falsely estimate my judgments, but some way or another, when anything happened to cause a disagreeable feeling tone, as it were, I felt that it would not have happened, if I had been like other persons.

About this time, *i. e.* when I was about 16 years old, I got very much concerned about the meaning of things which everyone takes for granted, such as why do two and two make four, why do things look real, and so on through a long list of interrogations. I can't begin to tell you of all the silly ideas that came into my head and kept me from having that joy of youth and health which my companions had. I think, however, that if my parents had had any notion of what was going on in my mind they would have seen that what I needed most was to stop trying to solve the riddle of existence, and to try to live without questioning. I am willing to do that now, and I have disciplined myself to stop being an interrogation point. I wish my father had either sent me off to school or made me do all sorts of things that would have developed within me a taste for sport or athletics. But he was absorbed in an invention which he was trying to perfect and which would revolutionize the cotton business, and apparently had little time for

his family. My father was rated a brilliant man and the reason why he did not win out was that he was not "practical."

While I was in college I seemed to have got rid of my vagaries and I look back upon that period as one of great happiness. I formed some intimate friendships and many pleasant personal relationships, and it was with the greatest satisfaction that I saw the roadway of life leading back to ——— (the University town), after I had taken orders. But now I am in despair. You can have no idea of how incompetent I feel to throw off the trammels of this incubus that has fastened itself upon me. It is useless to tell me to learn to think straight, to use my will-power, to divert myself. I have done all this with my whole strength and I am no better. In fact, here I am apparently in perfect health, and to all intents and purposes of sound mind, yet incapacitated.

"My fortune standing in the precipice
'Tis counsel that I want and honest aids."

Yours truly,

——— ———.

P. S.—It has occurred to me that I should try some sort of mind cure. What do you think of it? Do you think I can look forward with any confidence that I shall get well? You know "the miserable have no other medicine but only hope." ———.

———

New York, February 12, 1908.

Dear Sir:

In reply to your letter of the 18th inst., I am in somewhat of a quandary whether I shall tell you the name that we physicians give to the disorder

from which you suffer, or whether I shall endeavor to put before you certain rules of life and conduct, conformation to which may restore you to a life of usefulness and comparative happiness. If I do the first, you may be led to look up the writings upon the subject, and applying the statements to be found therein to yourself, to take a distorted view of your disorder, and possibly reach the conclusion that the way out of the wilderness is so intricate and obscure that you will not come safely to the end. You know, I am sure, that few things warp our judgment so much as illness, and especially illness within the mental sphere. There is a custom that few physicians transgress, and that is not to undertake to treat themselves when they are ill—it matters not the nature of the ailment. The physician whose training and life-habit it is to deal with disease, finds that this is the safest and most expeditious course to pursue in order to regain health, and it is probable that the layman can safely follow his lead. I shall therefore be very frank with you in the discussion of your infirmities, and endeavor to put before you the nature of your disorder in such a way that you will comprehend it. Nothing aids the physician so much in his fight with disease as intimate acquaintanceship and full understanding of the nature of the disease, and when he comes to deal with a disorder whose cure requires not only the cooperation of the patient but also his most intelligent initiation and aid, it is of the greatest value that the patient should have a fairly clear conception of it as well.

The symptoms which you describe have probably been known to physicians since the beginning of medicine as a practice and as a science; not that we find them mentioned in medical literature of the

ancients, but because we frequently read in the biographies of men whose names have become more or less immortal, of many of the symptoms that you describe. Men and women of genius, men and women who write their names indelibly upon the scroll of time, are usually individuals of nervous temperament, of neurotic constitution, of neuropathic diathesis, and although it is in spite of and not by virtue of this that they achieve fame and add to the luster of their times and to the welfare of the world, nevertheless it would seem that the greatness of their endowment nearly always carries with it the drawbacks of such a temperament. I do not by any means intend to convey the idea that men of genius need necessarily have symptoms such as those that you relate; fortunately for them and for us,—as inhibition is never the strong point of genius,—they do not.

It is only latterly, however, that physicians have realized that symptoms such as those that you relate are the expression of a neuropathic diathesis or constitution which has not been properly disciplined, by hygienic measures, that is to say which has not been developed toward a normal condition by the most approved modes of treatment during the formative years of the individual's life. During the past few years much study and attempt at interpretation has been made of these symptoms, with the result that following the lead of a French physician, Janet, many of us look upon these symptoms as indicative of an hereditary, constitutional, idiopathic (meaning thereby one that develops without apparent antecedent cause) disorder of the nervous system. When I use the word nervous system in this sense I mean the entire nervous organism, a large part of which is

made up of the brain. Therefore it is called a psychoneurosis and to this psychoneurosis the name Psychasthenia is given. The name is not particularly appropriate, as it indicates only that there is a weakness of the mind. One reason why it has seemed the more appropriate perhaps is that neurasthenia, which indicates a weakened or exhausted condition of the nervous system, has found its way into everyday speech and conveys a more or less definite meaning. In fact, the advent of the term psychasthenia has had much to do with narrowing our conception of neurasthenia and making the condition to which it is applied a well-defined one.

You will gather from what I have said that psychasthenia is like the poets,—born, not made. It is quite likely that anyone may develop certain definite fears, some obsessions, stereotyped modes of worry, of doubting, of questioning, etc., the possession of which does not necessarily mean that the individual has psychasthenia, but an individual whose usefulness becomes impaired by a group of mental and emotional symptoms made up of obsessions, imperative concepts, fears, doubts, anguish, compulsory movements, enfeebled will-power and disturbed peace of mind and who develops these symptoms comparatively early in life without adequate cause, and who, like yourself, has his vocation disturbed and his career seriously threatened, may legitimately be said to have psychasthenia. But you ask, "Why should I have it and from whence does it come?" You have not outraged any of Nature's laws, you have not been so unfortunate as to encounter accidentally any of the salient factors from which disease flows. Psychasthenia comes like your birth—without your will and without your leave. It, like a few other

constitutional disorders of degeneracy, such as migraine, hysteria, and epilepsy is but a manifestation of a disturbance in the great synthesis that goes to make the individual. In other words it is an evolutionary defect.

The problem that we neurologists most frequently have to confront, is how to arrange the life of the burdened individual who consults us, so that his career shall not be a failure and the sum-total of happiness which should be his shall not be curtailed. Unfortunately, we do not get the individual, as a rule, until very late in the day, until after he has fully matured and is a creature of fixed habit. We are in the position of a skilled watchmaker who has been handed a chronometer of which every part seems to be perfect, but still it will not do the work for which it was intended, or, at least if it does the work, it proves erratic and unreliable. The watchmaker gives very little satisfaction if he says that a certain bit of steel used in the construction was not adequately tempered, or a certain coiled spring was not properly annealed, he must do something that will make the watch keep time reliably and in order to accomplish this he must almost always attack it fundamentally; he must take it to pieces and proceed from the very foundation. A somewhat similar course must be pursued by the physician who essays to treat such constitutional disorders as psychasthenia. He must attack the individual fundamentally; he must dissect his character; ferret out the primordial origins of his false-beliefs, analyze the remote antecedents of his first obsessions, go back to the early times when it was admitted that effect naturally followed cause, and perhaps more important than all, try to put clearly before the individual examples of real

humility and show him his own inconsequentiality. He must convince himself that there are certain unavoidable things in the world which everyone of a neurotic, emotional temperament finds disagreeable, but that in reality they make very little difference to any one save the individual himself, and that the safest and surest thing for him to do is to cultivate the habit of indifference towards them. In other words you must get yourself and the world, or your environment in the right perspective. Except to a few, you are of no importance whatsoever. You must realize that save to the few persons that constitute your family, your welfare does not concern anyone. Treat yourself if you can as the world treats you, as too commonplace to be noticed! Adopt this attitude towards your symptoms, or if you must attack them one after the other, consider that you run the risk of accentuating them by giving them too much consideration. To be be quite normal one must emulate the young child or the animal and be unselfconscious. You know there was a time when even the germs of these distressing ideas and sensations that you now have did not exist. Therefore, endeavor to determine what their antecedents were, and having found them treat them as an enemy; have no commerce with them save to effect a truce. It is largely a matter of self-cure, particularly for a man who like yourself has the dual advantage of intelligence and a trained mind. You will be assisted in the matter by a course of appropriate reading, carefully selected and faithfully carried out. An adequate philosophy is, in reality, what you are in search of, and I should recommend to you a careful study of Aristotle and Epicurus. You can find amongst the writings of the latter this statement:

"We should not be hampered by foolish fears from attaining the goal of our existence—happiness. Pleasure is the highest good; not the pleasure accompanying a passing sensation, but pleasure as a permanent state,—that state of deep peace and perfect contentment in which we feel secure against the storms of life. The pleasures of the mind are preferable to voluptuousness, for they endure; while sensations vanish away like the moment which procures them for us. We should avoid excess in everything, lest it engender its opposite, the permanent pain resulting from exhaustion." You will, I am sure, find the teachings of this philosopher, if approached in the right spirit, of the greatest comfort to you.

If you can take the point of view that Aristotle took, that the mind does not originally possess ready-made ideas but the faculty of forming them, it will help you very much in getting rid of these obsessions that have fastened themselves upon you like barnacles on the bottom of a boat.

What shall you do directly to help yourself? You must make a firm resolution that you will at certain times in the day dislodge them from your mind by force of will alone and each time make the dislodgment complete. A repetition of this will make for the ease with which they are successfully dissociated and the length of time which they remain away. You will find, moreover, the greatest help from translating your thoughts into some form of action, *i. e.* of not bottling up your thoughts and turning them over and over in your mind. In other words, if you are able to display your thoughts in speech, in efforts for the benefit of others, in anything that has a definite purpose, in sport, etc., it will be of advantage to you.

You have no doubt heard of cures that have been made by Christian Science and other modes of supernatural healing. It is in cases such as yours in which simultaneous bolstering of the will-power and obscuration of the Ego is required that they often accomplish more than we physicians are able to do. You will undoubtedly have suggested to yourself that there is a port of safety for you in the harbor of that cult, and I shall say nothing to you to discourage you from turning your sail in that direction if you can reconcile an espousal of the most nebulous and mystic parts of neoplatonism with your intelligence. I deem it fitting, however, to warn you against the rival camp which is now putting forward claims for recognition as a hygienic force. You have no doubt heard of an effort on the part of some Churchmen to combine the treatment of disease with their own legitimate work, that of public ministration in the Christian Church. There is nothing new under the sun! Nearly 800 years ago the Church and the practice of medicine were forcibly rent asunder by the first Lateran Council during the pontificate of Calixtus II. Things had reached such a pass that even the Twelfth Century wouldn't stand it. Though in this modern instance the advocates cannot be accused of "Ordinis sui propositum nullatenus attendentes pro detestanda pecunia sanitatem pollicentes," they claim to do that which they maintain that honest men of ability backed by the training of a lifetime cannot do, and they gratuitously assume that "if medical science is to regain the esteem of the world, it must take the ground that for the great majority of the ailments that afflict American humanity, the contents of the pharma-

copœia are of very limited efficacy, that for these the directly curative agencies must be moral and psychical." The only agencies that they call to their aid are: Suggestion, Subconsciousness, which is especially amenable to control from without, Faith, and Prayer. So far as I can see, the only one of these that is not in hourly use by the physician is the last. It must be a much more efficacious agency than is generally believed if it alone accomplishes all that the Emmanuel Church movement advocates say that it does, for surely, being clergymen and not physicians, without natural predilection and without special training they cannot use the tools of our profession more skillfully than we can ourselves. Yet despite the poverty of their therapeutic resources their cures read like the testimonials that set forth the efficacies of "Father James' Medicine" and "Barnum's Safe Spleen Cure." About 70 per cent. of alcoholism, says their reverend spokesman in a recent magazine article, is amenable to suggestive treatment—Credulity where is thy limit? Gullibility where is thy confine?

Christian Science represents an attempt at revival of the emanistic pantheism which was the fundamental conception of Neo-platonism. The Emmanuel Church movement represents an attempt at revival of a custom of the dark ages. I hold no brief for the members of my profession in this matter, but I have no hesitation in saying to you that it is purely a gratuitous assumption on the part of the reverend director of the Class for the Moral Treatment of Nervous Disorders, Boston, that medical science has lost the esteem of the world. This assumption is just as true and no truer than the statement that the "effort is scientific" (meaning the Emmanuel Church movement),

or that "the movement is an attempt to weld into alliance the most progressive neurological knowledge and a primitive New Testament Christianity." If any such attempt is being made no evidence of it has been brought forth. As a matter of fact, the science of medicine and the art of therapeutics are to-day the envy and the wonder of the world. Once we conquer cancer and find an antidote for alcohol, we will know just how Alexander felt immediately before the sudden gush of tears that has become so famous. You might think from the lucubrations of the supernaturalists that the world is not only filled with folly and sin but with psychasthenia, incipient insanities, simulated epilepsy, hypochondria, anemic headaches, functional insomnia (whatever that may mean), melancholia, to enumerate only a few of the Christianity and Health Series. But as a matter of fact, as soon as our hospital train passes the psychoneurogenetic belt of Boston and Chelsea in its journey out to meet the ailing and infirm people of the United States, these maladies and all the others which he mentions, but which I haven't copied, play comparatively a small part. Perhaps I have no justification in making this remark, having had only twenty-five years' experience with nervous and mental disease gathered from all over the country, and no experience whatever in clerical matters.

Our stay in this vale of tears is but a preparation for the life above, unmeasured by the flight of years, and the amount of preparation needed by us is so great that I believe your cloth hasn't time to practise medicine. The truth of the matter is that a man like you should no more need an outsider's help to overcome his symptoms than he would to cure him of swearing or of boasting, of a

belief in ghosts, or in spiritualism. You wouldn't send for a surgeon if, having a thin skin, you got a sliver in your finger. You would set to work to remove it yourself, and in nine instances out of ten, you would succeed. You may be sorry for yourself because you have a thin skin, but you soon learn to take precautions not to injure it. You need to look back and discover the beginnings of your various doubts, fears, obsessions, and aboulias, and root them up one by one. If you can't get the right perspective, come to see me. I advise you to return to your work. The disciplinary plan of treatment which I want you to go through can be done just as well, if not better, while you are at work than when you are idle, and it is always wise to regain your equilibrium in the atmosphere and environment in which you are going to live. Possibly when I see you I shall have something to say of certain physical measures, such as exercise, bathing, occupation, play, diversion, and their relation to mental and emotional equanimity, but as you say nothing about your bodily health in your letter, I shall hold these in reserve.

Yours very sincerely,

P. S.—Have you ever read the life of a first-class hypochondriac like Carlyle, or of a typical neuropath like Flaubert? It might be an excellent thing for you to do.

IV.

"Plurimum Facere Minimum Ipse de se Loqui."

New York, December 8, 1907.

Dear Doctor:

With the sincere hope that this communication may merit your consideration, I take the liberty of addressing to you some thoughts on a subject which to me is of vital importance.

Deeply impressed by the striking and beautiful conceptions of "The Autocrat of the Breakfast Table," which I have just finished re-reading, a trend of ideas has been excited in my naturally reflective mind, which leads me to confide in you and submit to your judgment that which I have kept even from those nearest me. "And why," you ask, "do you entrust this to the judgment of a stranger, one whose Ego cannot be expected to be in sympathetic accord with your own, unknown and beneath his notice?"

Well,—during my nineteen years of schooling, I have been under many tutors and instructors, but have as yet found few *real teachers*. The average "college professor" is in my estimation often but a poor excuse for that which he represents. You may imagine my pleasure then to make at ———— the acquaintance of one who showed in the highest degree the faculty of presenting his subject in such a form and manner as to make the maximum impression on a receptive mind,—one who, on my mind at least, has left "scars" of live truths, not

medical alone. In fact, you impressed me as a social molecule of unusually high and stable intellectual potential, specialized into its highest form. I, also, feel possessed of a certain potential, but fear for its stability, and whether the radiant energy of yours and mine will vibrate in synchronous harmony, which is my desire, remains to be seen. (In all seriousness, I beg of you to interpret this rightly, for though I would expect the average man to see in this but the vagaries of a fantastic imagination loosing itself in a jargon of technical terms, of you I expect more!).

From past experience I know I can trust you to tell me frankly and candidly the unvarnished truth, and if, through my conceits, I am likely to be "doomed to the pangs of undeceived self-estimate," as Holmes has it, I shall experience a genuine pleasure and relief if I can learn from you that I am really only one of the many ungifted with but a "weak flavor of genius, so detestable in a commonplace person." No, I don't think I overestimate myself, but what I may overestimate is my abilities and natural powers of resistance in coping with an environment such as that of New York, should I attempt to carry out the notion to establish myself here. This, as bearing directly on my future, is something I would like to ask you about.

Of one thing I am aware: that through an innate desire for truth and love for pure science, I have now for years (unfortunately through my exclusion and reserve missing much wholesome and broadening social intercourse) led a laboratory existence with books my sole companions, and these, on account of their limited sphere, have caused a localized development confined principally to what I am pleased to call the "higher science"—which har-

monizes the cold logic of the mathematical and physical sciences with the real nature of religion, the passions, and all the actions and reactions of mental energy. As a result, I feel and know there have been engendered in me a number of intellectual germs, which to me and my fellow mortals promise much for the future, but whether this green fruit will ever mature, time and the test, "Qu'est ce qu'il a fait" alone will tell. This much I know, —but what I do not know and what I fear, is that coincidently with this one-sided mental development there has taken place a corresponding degeneration, and that the correlation and controlled physiological function of the elements which form the normal *Homo sapiens* have been permanently disturbed, by perhaps a pathological organic change.

This is what I most desire to know from you before it is too late. I take a calm philosophical view of the matter, and believe that, should such a condition exist or be impending, proper precautions may be taken in time, both for the sake of the individual and the community at large. To what do I refer?—Incipient paretic dementia!

I have implicit confidence in you and expect from you the simple plain facts. My previous visits to you and the "advice" which I had wished from you before, but up to this time not asked, had reference to the above to enable you to make some personal observations. Knowing also the diagnostic value of a letter, I send you this which I think you will find offers ample material.

It is good advice to say "Know thyself," but with the best intentions I find myself as much in the dark as before. It is to satisfy my doubts, to see myself as others see me, that I have made this personal appeal to you.

Should you find (what is my present diagnosis), that I am only one of the cases of aggravated neurasthenia, so common in this country, then there may still be a future for one who in his rambling investigations of chemical and physical phenomena has been able to produce a crystallized form of pure ———— which puzzled a professor of chemistry in ——— University, to preserve perfectly in permanent form not only the beautiful "efflorescenses" of H_2O crystallized in such a variety of fern-like forms on the show-windows of shops when the mercury seeks to hide in its bulb in winter, but also that type of evanescence, the soap-bubble, with all its diffractive phenomena fixed and preserved unchanged—and who signs himself,

Most respectfully,

————————.

P. S.—I know how busy you are, and how little I can expect from one whom I have perhaps bothered before; I am not even sure that you consider me worth recognizing as a friend or that I may find in you a friend; however, I expect at least a word, if only to say that you would spare me ten minutes of your valuable time and favor me with a diagnosis. If I do not hear from you at all, I shall feel that I have offended you and earned your contempt. This is my last word to you, though you may hear from me in later years.

————

Dear Sir:

Deeply impressed by the striking and concluding words of the 22d verse of the fifth chapter of St. Matthew, I restrain my first impulse and say instead "Come from the deep-domed Empyrean down to the earth and be simple and humble."

If you ask in good faith, are you threatened with, or are you entering upon Paretic Dementia, I say to you most emphatically that you are not. Nor are you "one of the cases of aggravated neurasthenia so common in this country." You are not even an unaggravated case. In fact, you are not a case at all. You are not ill. You need a new perspective glass, not to view your own worth, but to aid you to get an appropriate idea of the relation existing between you and the world. You have seen yourself as if reflected from a convex mirror. I suggest that you will get a far more satisfactory idea of yourself if you devote some years to observing the image that is reflected from the other side of the mirror. If you adopt this suggestion the world will discover you if you have merit. Solomon was an uncommonly wise man, as you have heard. Amongst other things that he said is that wisdom is the principal thing; therefore get wisdom; but with all thy getting, get understanding.

In your profession, as in peace, there is nothing so becomes a man as modest stillness and humility. Even a fool when he holdeth his peace is counted wise.

Yours sincerely,

V.

"We Took Sweet Counsel Together."

————————, Va.
January 10, 1898.

Dear Doctor:—I have a patient who suffers from epileptic fits whom I am very anxious to cure, if possible. He has been to nearly all the doctors in this place and a few in Richmond, but he does not seem to have got much better. For the last year he has been taking a medicine supplied by a firm in Kansas City. If I could cure him it would be a great help to me, and I am writing to you to ask if you will send me a prescription for him. He says that every doctor that he has consulted has given him bromide of one kind or another, and that the patent medicine which he has been taking has the same effect as the doctors' prescriptions, only that it makes him more stupid, so he refuses to take any more bromide. I read in your book that there are a number of medicines that are substitutes for bromides, but you do not give any prescriptions, so if you will send me one I shall be very thankful to you and shall do all in my power to make him well. I enclose stamp for reply.

Yours truly,

New York, December —, 190 .

Dear Doctor:—You will not, I hope, think me rude or unappreciative of your courtesy in con-

sulting me, if, by way of reply to your letter of a few days ago, I send you a copy of a letter which I some time ago sent to the father of the girl whose husband's letter I also enclose. You will gather from it my attitude toward the treatment of this profound neurosis. I shall be sorry, indeed, if, after reading it, you are less keen on trying to get your patient well than you were when you wrote to me. Although epilepsy is, in the vast majority of instances, an incurable disease in the strict sense of those words, still there is scarcely any chronic disease that is so favorably influenced by appropriate treatment intelligently applied. I say to you frankly that before one can carry out such treatment, the idea that a prescription, even though its composition originated in the mind of a Minerva, can cure epilepsy must be at once dislodged, and in its place must be put a conception of the disease and a knowledge of the forces or factors that customarily precipitate an attack. The physician who essays to treat epilepsy, then, if properly charged with the seriousness of his task, will have a commendable measure of success.

Yours very sincerely,

New York, December —, 1893.

Dear Sir:—I am of the opinion that your daughter is suffering from genuine epilepsy, *i.e.* epilepsy the disease and not epilepsy the symptom. I believe that she had her first attack when she fell from the horse; the epilepsy was the cause of the fall, not the fall the cause of the epilepsy.

The treatment of the disease epilepsy—congenital epilepsy, as it is sometimes called—is much more satisfactory when parents or those in *loco parentis*,

or even the patient himself, have some idea of the nature of the disease. Examination of the tissue of the body after death fails to reveal any structural abnormality, therefore we call it a functional disease, *i.e.* a disease in which function of the organ is disturbed without coexisting structural change in the organ. We physicians who know something about the profoundly intricate structure and delicate mechanism of the nervous system must content ourselves in our search for an explanation of this disease, with the theory that predicates an imperfect adjustment of certain components or constituents of the central nervous system, perhaps as the result of some jolt which these constituents received at some stage of their development as a tissue (histogenesis), or their development as a species (ontogenesis). In other words, we look upon genuine epilepsy as a sign of biological imperfection, of degeneracy, merely to indicate that certain things have transpired in the individual who is so unfortunate as to have this disease, which tends to throw him back to an original primitive type rather than direct him toward the type which is superior. A person thus constituted is less capable of resisting influences that are known to interfere with the perfect working of the nervous system, such as fatigue, indigestion, intoxication, etc., than the person who is normally constituted. It is for this reason that the important treatment of epilepsy is that which we often speak of as the moral treatment, or the disciplinary treatment. Epilepsy is much more successfully treated from this point of view than from any other. Empirically, we have learned of the value of certain drugs in its treatment, but the results obtained from giving them

are most unsatisfactory unless the general plan of treatment of which I speak is adopted. Epilepsy is classed amongst the incurable diseases and very properly so, for the statistics from the most reliable sources show that only about five cases in a hundred recover. Appropriate treatment, however, materially assists the majority to a life of usefulness and productiveness. Nothing has brought this truth more conspicuously to the fore than the Colonies that have been established for the treatment of epilepsy in this country and abroad during the past generation.

The most important factor in the treatment of epilepsy is to determine the antecedents of an attack, and, having determined them, to avoid them. Anything that irritates the nervous system, anything that exhausts nervous energy, anything that disturbs emotional balance, emotional equilibrium, tends to produce attacks. The physician who searches every organ of the body to learn whether or not it may be the source from which exhausting sensory impulses are sent to the brain, who on finding them relieves them, is the one who will have the greatest success in the treatment of epilepsy. Such is the relief that sometimes comes from the correction of ocular inadequacies, the removal of nasal obstructions, relief of irritation connected with disorder of other highly sensitive parts of the body. Unfortunately for the reputation of our profession for mental balance, many physicians maintain that the disease epilepsy may be cured by such means, and this even face to face with the fact that although such claims have been put forward with great enthusiasm of energy for now nearly two generations, the prognosis in epilepsy has not been altered a whit during that time.

I should recommend that your daughter be put upon a strict dietary from which no article of food is rigidly eliminated save common salt and substances which are known to give her indigestion. I should allow her to have meat in small quantities once a day, and all recooked food should be avoided. I should not rigidly proscribe tea and coffee, but the less of these that are taken the better. Of more importance than the quality of the food is the quantity and the way in which it is taken. Practically any food may be taken if the patient masticates it thoroughly and slowly. This is a sure way of avoiding overeating. It should be the duty of some one of the family to see that not only there is a movement of the bowels daily, but that it is an adequate amount. My advice, therefore, is to avoid indigestion, constipation, and fatigue, as these are the forerunners of epileptic attacks in the vast majority of instances. If this is done, and if careful attention is paid to the diet, there will be very little difficulty in maintaining the equilibrium of nutrition which shall be manifest in good flesh, warm extremities, and equable spirits.

The drug that is most beneficial in the treatment of epilepsy is one of the salts of bromine, and apparently one salt is about as useful as another. Some individuals tolerate the bromide of soda better than they do the bromide of potassium, just as some tolerate a green hat better than a brown one, and if your daughter should happen to be one of those who is able to take bromide of strontium better than she can bromide of potassium, it would be wise to give her the one that is adapted to her. This and the dose of bromide that is adequate to reduce the frequency of the attacks, can only be determined by a careful physician, and with that end in view

I shall write your doctor, giving him a detailed account of how I do it in my own practice.

Finally, although you may not find very much encouragement in the first reading of this letter, which announces to you rather baldly that one of your beloved ones is the sufferer of a disease which is practically incurable, still I think you will find some consolation in the statement that the disease does not necessarily abbreviate the victim's life nor materially interfere with her usefulness except in one direction. It is my profoundest conviction that patients with genuine nervous and mental diseases of degeneracy, of which epilepsy, hysteria, and psychasthenia are the type, hesitate before they marry, and if they marry, they should not propagate. It does not seem to me that it should be denied the epileptic to live forever in the deep, deliberate bliss of matrimony, but I maintain it a self-imposed duty to which I daily bow the knee, to point out to sufferers from hereditary nervous and mental disease, that they have a capacity for cruelty which Borgia and Caligula would have envied, *i.e.* the creation of human beings whose life is foiled in every limb. We cannot run from destiny, but we need not necessarily enter cripples in a foot-race with the fleet and the clean-limbed.

Yours very sincerely,

[THE HUSBAND'S LETTER.]

BUFFALO, N. Y., December —, 1902.

DEAR DOCTOR:—I am writing to you about my wife who, you will remember, consulted you about ten years ago for the relief of a disorder which you pronounced epilepsy. My specific purpose in writing

to you now is to get your judgment concerning the advisability of subjecting her to an operation upon her head which has been urged by a physician in Philadelphia who has never seen my wife, but her case has been described to him by one of our friends. I enclose you his letter.

You will recall that, briefly, the history of my wife's illness is as follows: She was considered to be in the most robust health until her fifteenth year. One day while riding in the ring of the riding academy here, accompanied by a master, she fell from her horse and was picked up in a dazed condition. She thinks she lost consciousness, but she is not very sure of it, nor does she recall what transpired before she fell. There were no marks of any injury to her head. She had a bruise on the shoulder and on the leg, nor did she have any other bad effects, apparently, from the fall. About four months after this she had an attack in which she became convulsed in all her extremities, rolled her eyes up, frothed at the mouth, bit her tongue, wet her clothing, and lost consciousness. After she recovered consciousness, which she did in from five minutes to half an hour, she was drowsy and inert and remained in a semistuporous condition for several hours. Afterwards she gradually regained her normal state. She had had about ten of these attacks when she was first brought to you, and meanwhile she had consulted Dr. Ferrier, in London, Dr. Raymond, in Paris, and many other physicians. Your opinion then was that the fall had nothing to do with the causation of the epilepsy, and you outlined a plan of treatment for her, and sent a nurse to her home to see that it was properly instituted. At your suggestion she was examined by Dr. ————, who ordered her to wear glasses

constantly, as she had far sight in one eye and astigmatism in the other.

You will recall that you were very much opposed to our marriage, and when we insisted upon it, you stated that it was your preference to have no further participation in the treatment of her condition. We married, and we have two lovely children, a boy six years old and a girl four, and apparently they are healthy children. My wife, however, has got worse, and I mean worse in bodily health, and now, unfortunately, she is becoming incapacitated mentally. I have had her under the doctor's care almost constantly since you saw her, and now I am in the last ditch. I really do not know what to do with her, although I am getting suggestions from every quarter. Some of her family insist that I employ an osteopath, and others do not understand my obstinacy in refusing to put her in the care of Christian Scientists, and as you see from the letter enclosed, members of your own profession do not await the solicitation of their aid, but offer it directly. The number of promises of cure that I get through the mail makes me feel that I am not doing my duty to my wife, for it is not possible that such statements could be made if they had no foundation in fact whatsoever.

You will think it strange that I am writing to you after what transpired ten years ago, but I am doing it because I have often recalled the explanations you gave me of the nature of her illness when, before our marriage, I called upon you in New York. I am not sorry that I married, even though our life since then has been one of almost constant struggle for health and there has been less of that "Sliding with open eyes through liquid bliss" than is common to the average marital state.

If the children do not inherit this or some other nervous disease I am content with my lot.

I do not imagine that your advice will be particularly different from what it was ten years ago, but I should like a word of counsel as to what steps to take now, and a word of assurance if you can give it to me regarding the future life of my children.

Yours very sincerely,

VI.

Education of a Mentally Defective Child.

Rochester, N. Y., Oct. 30, 1904.

My Dear Doctor:

I am writing you to ask when it will be convenient for you to see the little girl, whom, you will recall, I sent to you for an opinion concerning her condition four years ago. Although she has made considerable progress in the right direction since you saw her, it is not so great as I had anticipated in view of the sanguine position that you then took in regard to her physical and mental development. I must say, however, that the parents have done very little to carry out the plan of treatment which you outlined. They realize that it is necessary to have something done for their child and are willing, I believe, to carry out any suggestions that you make. She is now seven years old and her physical peculiarities and her attributed feeble-mindedness are making her a marked individual among their intimates and friends.

From the time of her birth, which occurred when her mother was forty-two years old, the child has always been "nervous." The mother had been ill with some kidney trouble while she was carrying the child and this illness continued after the birth so that she was unable to nurse it. During the first year the baby is said not to have slept at night except for brief periods. It was restless and in almost continual motion. When she was a year old

she could not crawl or even move from the reclining position. Placed upon her belly upon the floor she could move her arms and legs but the movements were incoordinated and jerky. She began to walk when twenty-six months old, not having previously crept, but capacity for secure locomotion came very slowly. She tripped and fell even when there was no apparent obstruction or obstacle in her way. When she was three years old, I had Dr. —— of your city see her because of this difficulty in walking and of the jerky movements, particularly of her head, face, and upper extremities. He made a diagnosis of muscular dystrophy and gave a bad prognosis. She was then taken to Baltimore to consult Dr. ——, who interpreted her condition as a form of cerebral infantile palsy and gave a gloomy prognosis. It was soon after that I sent her to see you. Although she could then walk alone it was impossible for her to go upstairs without holding the banister, and when lying on her back she could not help herself to arise. Her speech was unintelligible. Its striking feature being lack of articulation, evident inability to coordinate the movements of the tongue, lips, and breathing to produce articulation, and almost constant grimacing, twitching of the head, blinking the eyes, and contorting the upper part of the body.

At that time she was apparently a well developed child physically. She was tall for her age, the muscles of her arms and her legs were well developed, but her chest was flat and her shoulder blades jutted out from the back. The only striking feature of her appearance was due to her eyes. They were round and small like those of a Mongolian, the internal canthus being narrow and adherent.

She has not learned to talk save a peculiar gibberish which the family are able to understand but which is unintelligible to me. She walks more securely but she has so much choreic like movement of her hands that she is unable to do anything satisfactorily, such as feeding and dressing herself. When she attempts to talk she screws her eyes, her face becomes contorted, the shoulders shrug, the body wriggles, and then she emits this peculiar inarticulate speech. She has never learned to play either by herself or with other children. I have done everything I could for her in regard to her diet and general health and I think I may say she is in fairly good condition in these respects. The operation for removal of the adenoids has not yet been performed, but I hope to be able to persuade the mother to have it done this autumn. My chief object in sending her to you now is to get specific instructions as to how to develop her mentally. She has many qualities of mind which are as well developed as the average child of her age. She is obedient, affectionate, and docile. She knows the difference between right and wrong and although she apparently forgets very readily what she has been told they have been able to train her to a certain kind of conformity to the ordinary occurrences of daily life, but practically no real start has been made with her education. I shall be glad to get detailed instruction from you what to do.

Believe me,

Yours very sincerely, ——.

New York, Nov. 3, 1904.

Dear Doctor ——:

It is convenient for me to see your patient a week from to-day. I shall be glad to see her, even

though she does not exhibit as much improvement as I anticipated, after my first examination, she should now manifest. Possibly she has not had "a square deal" from us and from her parents. These unfortunate patients are often treated by the family physician and by the neurologist alike, as dogs do the Nile. Either the parents are told that the case is hopeless or they are advised to get a teacher, whose work, pedagogical or hygienic, the physician is not fitted by training or inclination to supervise. Often the parents are warned so successfully against overstraining the child, that they do almost nothing toward disciplining or toward providing material for intellectual development. In many other instances the parents are told that the child will outgrow its present condition. Whichever attitude is taken, it is based upon an insufficient study of the existing conditions, and in the majority of instances the result is that the child reaches maturity a mental and physical defective.

I find nothing to marvel at in the fact that the majority of us are unable to supervise the training of these children and that so many of us leave to nature what properly belongs to the expert trainer. As a matter of fact, such expert trainers, as a class, have yet to be developed in this country, and in no department of pedagogy are we so far behind the procession as we are in making application of the well recognized fact, that children who do not conform to the average standard require individual instruction in order that they may properly develop. The successful trainer of mentally defective children should have unusual force of character, intelligence, insight, originality, knowledge of articulation work, such as is given to deaf mutes, and a familiarity with the modes of application of mas-

sage, baths, and calisthenics. In addition to this the trainer must be a vicarious mother and the supreme authority for the child.

You will recall that when you first sent the child to me I recommended simple exercises which could easily have been carried out by the mother, tonic baths, careful feeding, weekly weighing, and the removal of adenoids. When the child got to be five years old I suggested that it be sent to a training school for backward children, and that this school should be selected with great care, meaning thereby that it should meet the requirements of this particular case. Instead of following this advice, I am told that the mother employed a kindergartener as a governess. She could not have found one less fitted for the kind of work which was required for this child. The fundamental motive of the kindergartener is sympathy. What is needed for children such as ——, is intelligence, capacity to discipline, and sufficient insight into character to recognize that though a thing may be done advantageously in one way to-day, it must be done in a different way to-morrow.

My diagnosis of this child's condition is that she is suffering from an agenesis, or lack of development, of the brain. The brain is, as you know, the central and dominant organ of the human economy which presides over the symmetrical functional development of many portions of the body. On the other hand, its growth is favored or hampered by the state or condition of other fundamental parts of the body, such as the alimentary tract, the circulatory apparatus and the respiratory system, but the chief avenues of brain development are the sense organs leading to those areas of the brain which preside over the production and regulation of bodily

movements. If the child cannot see, hear, smell, taste, or feel properly, it cannot acquire an adequate control of the movements of its body. On the other hand, if there is some obstruction to motor expression or externalization which prevents the child from walking, running, from using the arms and hands dexterously, from moving the lips, tongue, and larynx coordinately, there is bound to be retardation in the development of its sense perception which will retard the growth of intellectual process and which will be manifested especially in disorder of attention.

You will observe that I appear to be going from the confines of medicine into the fields of education. My justification is the fact, that it is through education that neurology and psychiatry are bound to produce their best results. This child is not feeble-minded in the sense that there exists a congenital mental defect based upon an irremediable brain defect, in other words she should not be put in the category of idiotic children, although it may be thought from superficial observation of her that she is feeble-minded. It is only from the skilled diagnostician, who is acquainted with cases presenting psychological aspects similar to this child, that we can expect a differential diagnosis between inherent irremediable brain defects and those deficiencies which are the result of obstruction and deprivation.

A similar skill to that which the internist acquires from long experience with diseases and which permits him to say that such a case will recover with appropriate treatment and such a case will not, is what is demanded of the physician who essays to interpret and to treat the kind of case that we are considering. We are beginning to recognize that

many states of mental and nervous exhaustion result from most trivial causes when the general vitality falls below a certain line. That which immediately precipitates this fall is oftentimes comparatively trivial. It is always the last straw that breaks the camel's back, but taking off this straw or indeed taking off the entire load will not cure the camel. The balance of the nervous system once upset is regained but slowly, and no item of the patient's economy is too trivial to be disdained.

The same thing is true for these children. They are not feeble-minded, but they are psychasthenic in the narrow sense of the word. When we examine their mental and physical characteristics we can find no one thing that adequately explains their physical and mental deficiencies. Many children have larger adenoids than this child and yet their capacity for articulation is good. Still this child may remain unable to articulate until its adenoids are removed. In the same way an ordinary child possessing very little capacity of attention may learn easily without much time spent on physical exercises. This child has very defective powers of attention, inadequate control over the movements of her limbs and organs of articulation, and she will not be able to make mental progress until her attention has been first strengthened through the training of her motor powers. This can be accomplished by physical exercises, singing, articulation drill, and in other ways which will suggest themselves to the skilful trainer.

In other words, to develop this child's mind successfully, it is necessary that there should be a close cooperation of the physician and the pedagogue. The child must be under constant medical supervision, if the foundation for successful mental

training is to be established and maintained. The adenoids should be removed immediately. This will enable the child to breathe through the nostrils and keep the mouth closed. This in time will remove a great deal of the idiotic expression of the face. You should carefully supervise her diet, which should consist of easily digested and highly nutritious foods. Tonic baths should be given daily. She should sleep in a well ventilated, but not too cold room, and should sleep alone. It is important that she should get the full measure of sleep. The trainer naturally will see that a proper amount of rest is had during the day. If it is possible to procure satisfactory massage, she should be given some massage daily. This should be applied not only to the limbs, but also to the neck and spine. If there is any constipation, which I believe exists, this should be watched carefully and provided against through the selection of food and through abdominal massage, rather than through a resort to medication.

The educational treatment should be conducted by some skilled psychologist who has devoted his attention to this kind of work, and it should be carried out in such a way that the child is called upon to exert the best measure of energy which it possesses and still avoid overstrain and fatigue. I do not profess to have had such training myself, and I am therefore going to ask Professor Witmer of the University of Pennsylvania to examine this case with me. I shall advise that his interpretation of the pedagogical side of the case be accepted, and that his suggestions regarding the training of the child be carried out. I hold the opinion which was apparently first popularized by Apelles, that a shoemaker should give no opinion beyond the shoes.

My own experience has been that children such as this one should be taken away from home and placed in a training school where there are a few similar children. You say that the mother is not willing to have the child go to such a school, and we shall therefore have to send a trainer to her. Under the circumstances the trainer will have to display as much diplomacy and tact in dealing with the mother as in training the child. Usually these children lack discipline of mind and conduct. They have been humored because of their defect, and they have not failed to take advantage of it. They are allowed to do pretty much as they please. In this case I learn that the child is docile, obedient, and of almost exemplary conduct. We have no reason, therefore, to look for active resistance. This will considerably lighten the task of gaining control over the child's mental capabilities. Discipline of mind is somewhat more difficult to obtain than discipline of conduct. These children show a lack of discipline through their inability to give attention to what the mother or trainer may desire them to do, through inability to do things repeatedly, whereby they become automatic, and through inability to become insensitive to distracting occurrences around them, or through complete absorption in their own meager train of thought. To give proper mental discipline and at the same time to gain the obedience and affection of the child, is an important part of the work of the trainer. She must exact that obedience which "makes slaves of men and of the human frame a mechanized automaton," for it is such a transformation that we wish her to induce. The child must recognize the trainer as the dominant influence of its life. There must be no questioning of what she does, nor of the wisdom or

legitimacy of her demands. Complete, absolute, implicit obedience is her due. The child must be rendered as incapable of offering passive resistance, as she is unable to think of offering active resistance.

The trainer must realize that she is dealing with an individual and not a class. She must know that while there are certain general principles which apply to the education of these children, it is nevertheless the insight into the particular needs of the moment that affords her the best opportunity. She must know that what may be done to-day with benefit, cannot be done to-morrow, that the child may be kept at an allotted task for fifteen minutes on one occasion, when under other circumstances three minutes may suffice to bring on injurious fatigue. The capacity of the child must be carefully measured, and the trainer must appreciate that this capacity is a variable quantity. The trainer must also have a definite idea of what is the next most favorable step of progress for the child to take, and the best mode of inducing the child to make this forward movement. We cannot expect her to have a comprehension of the physiology of the nervous system, but it is not too much to ask that she shall know the physiological mechanism of movements of all sorts, and that she should attempt to apply to the individual needs of her charge the best that is known concerning the physiological and mental antecedents and concomitants of all purposive movements.

In work of this kind it is always necessary to resort to some form of physical education. This is not only beneficial to the body, but is also absolutely essential for the training of the powers of attention. All physical and mental exercises in-

tended to train the attention and the will should be given by the trainer herself, and no part of them—it matters not how simple or elementary, or how often repeated they may be—should be delegated to others or to the child itself. To execute a movement exactly requires a definite mental image of the movement which it is desired to imitate, and a considerable exercise of the power of attention. It is extremely important in the beginning that some movement should be selected which the child can easily carry out at command. From a few simple movements of this work, the trainer should then proceed to new and more complicated movements. It is from relatively simple movements, performed with precision and at command, that the greatest mental discipline may be expected. In addition to these simple movements of precision, there should be others that are performed more freely and rather by way of amusement. These include many rhythmical exercises, which I hope eventually will overcome the incoordinate movements which this child now has. Some forms of play, in which the child may happen to be interested, should be encouraged, and used as a basis for further development, that is to say, her play should be cultivated to reach progressively higher levels. In this class come such movements as are involved, for example, in cutting out paper figures with a pair of scissors. This will not only amuse and rest the child, but will also tend to steady the movements of the upper extremities and will play an important part in training visual attention. The cutting out of various objects may also be employed as a means of training the child's imagination, or used as a medium for imparting much information.

In these general considerations I can only point

to the necessity of having the work stand in some definite relation to the child's mental and physical status. Thus, every child needs coordinate physical exercises, but this child is marked out especially as having an incoordinate gait, the movements of her arms are excessive, and the articulation is very imperfect. Naturally, we desire to control these movements and perfect her articulation. Consequently we will select such activities as will not only develop will power and train the attention, but also improve coordination of the limbs and organs of articulation. That is to say, the child will first be taught to walk, then to run, to hop, skip, jump, and dance; with the hands to catch a ball, to throw, to use chalk, to hold a pencil in her hand, and, finally, to write; with the organs of articulation, first to open and shut the mouth, to move the tongue to and fro, up and down, to breathe properly, to gain voluntary control over the breathing process in association with the emission of vocal sounds, and, finally, to take the positions appropriate for perfect articulation. If the child is musical, the task is going to be a much easier one, and it should be early determined whether the child is responsive to melody, rhythm, and pitch, and has a good singing voice.

Most children like to make up and make believe. I have heard through a member of the family that this child has a great interest in dressing up in fancy clothes and pretending she is some other person. This is a natural inclination, which the trainer will undoubtedly make good use of. She will teach the child how to play better, and through her interest in "make believe" may get the child interested in stories, drama, or opera, and from this lead the child on to an interest in acting, declaiming, in

people and events in the world about her, and in history.

I cannot lay too much stress upon the importance of a continual appeal to the child's aptitudes and interests. Any special aptitude which may disclose itself, as in singing, for instance, supplies a great lever. These children need encouragement. Here is a girl of eight years of age who all her life long has found herself unable to do the things which ordinary children of her own age accomplish with ease. She has found herself completely out of the running. To bring her into competition with ordinary children will require her to pass through a very lengthy course of training, which is tedious and often discouraging. The inspiring influence of some one aptitude wherein she is better than other children, may serve to lighten the task immensely. It should be taken hold of immediately, as a means of development, for it will give her confidence and self-respect, and stimulate her ambition.

You are doubtless desirous of knowing the amount of progress that this child may be expected to make as the result of training. Considering her present condition, you will probably suspect me of excessive hopefulness and optimism when I inform you that I see no reason why this girl should not be developed into an entirely normal young woman. By that I do not mean to imply that when she reaches the age of eighteen she will have the robust health of mind and body that will enable her to commit the many indiscretions in the direction of over-eating, late hours, and excessive exercise which so many young women to-day permit themselves during the period of adolescence. She will probably always be required to be careful to avoid the excessive strains of life. Barring this,

I believe that in station and gait, in conversational abilities, in ripeness of intellect, in accomplishments, and in physical appearance, she will be indistinguishable from her associates. The most difficult factor to combat is the choreic movements. These undoubtedly can be made to disappear in the legs, and with more difficulty in the arms and face. It is my belief that skilful training will enable this child to learn how to control these forced movements. The training must have due regard for the sensory as well as the motor side. What we observe are the forced movements. What we cannot observe, but is probably nevertheless existent, is a feebleness or weakness of sensations received from these movements. If the trainer will have due regard to the development of the perception of the sensations received from these automatic movements, she will lay the foundation for inhibitory control. The capacity of the child to gain this inhibition will depend to some extent upon her intelligence. The more intelligent the child is, and this will be developed as a result of training, the more confidently I should expect these movements to be overcome at an early period. I see no reason for believing that there is any mental enfeeblement present. We must therefore regard her at the present time having a normal intelligence, which is unable to manifest itself owing to the many physical difficulties with which she is burdened. Open the avenues of the intellect, and we shall probably find her possessed of normal intellectual capacities. Given these, it is my belief that in from three to five years these movements should practically disappear, to recur from time to time only at moments of excessive fatigue or unusual emotional excitement. They will disappear first from the lower limbs,

then from the face. The most difficult to control will probably be the movements of the arms, but it will be necessary that such control shall be gained in order that the child be enabled to write properly.

A very favorable prognosis of intellectual development can be given. The child is young enough to respond instinctively and imitatively to the suggestions of the trainer. With a skilful appeal to whatever special mental qualities reveal themselves, there can be little doubt that this child's mind will unfold year by year unexpected capabilities. The mother, I understand, asks at the present time little more than that the child be able to sit at table without being virtually a specter at the feast—in other words, she wishes her to escape notice among her friends. A great deal more than this can be done for her. In my experience it is much more common to unearth unusual mental capacity than it is to find these children to be more seriously limited than was at first supposed. The development naturally will be slow. In the first month probably very much will be accomplished. This will give rise to exalted hopes, and the first year will perhaps be spent in doing little more than making steadfast such progress as was indicated in the first month's work. The home environment is always a great difficulty for the trainer to contend against. I should estimate that this child's progress would be very nearly double what it would be if she were trained away from the influences of the home, but even with the home environment I believe that at the end of three years we shall find this girl practically normal, and with very positive indications of the kind of young woman into which she may be made to develop. I am, of course, assuming that

we shall have in this work the entire cooperation of the family in carrying out the medical treatment, in making necessary changes in climate, and in following out the suggestions of the trainer. If we do not have this, we shall, of course, fall short of my expectations. My prognosis is based upon what can be accomplished under the most favorable conditions.

Yours sincerely.

VII.

From a Mother Whose Daughter Is Depressed.

Yonkers, N. Y., Feb. 15, 1907.

Dear Doctor:

Some years ago, I took my eldest daughter to the ———— Clinic to see you. You explained the nature of her illness, and told me that she would regain her health in about six months. She got well and has remained well since. I wish now to consult you about my youngest daughter. She is afflicted somewhat as ———— was ten years ago. This girl is twenty-seven years old and, like her sister, a stenographer. She has been a conscientious, hard-working, good girl, faithful to her employers, by whom she has been very much appreciated, and devoted to her parents, whom she has supported. She was of a lively disposition, rather fond of company, and not much given to moods. She scarcely ever insisted upon having her own way when it was in serious opposition to that of any other member of the family. Until toward the end of last summer she was apparently in her usual health. Then she began to develop the symptoms which are now so continuous and overwhelming. At that time none of us had any suspicion that they indicated the beginning of a trouble such as her sister had, but now there is little doubt, I fear, that it is something of the same nature. Although her condition does not seem so serious as

did her sister's, I can see that it is growing worse, and I have been begging her to go to see you, hoping that you will be able to tell her what to do to get well. When she went away for a holiday last summer, she was tired, pale, and somewhat depressed. She was gone three weeks, and on her return she complained that the vacation had done her no good and that she could not go back to work. At times in her conversation to me she hinted that she was a failure, but I did not appreciate then what she meant.

She returned to her work and so far as I know she has done it to the satisfaction of her employers. She says, however, that she does it badly. She takes dictation from a member of the firm who is not thoroughly competent in English. Formerly she could interpret his meaning so well that, when the finished letter was handed to him the diction flattered him. Now she says that not only is it impossible to do this, but she makes many mistakes herself, and it takes her twice as long to do her work as it did before. She attempts to explain this incompetency by saying that she is being punished because she looked upon business merely as a makeshift until she got married, not realizing that it should have been made a life work. She is convinced that, if she had gone to it seriously, confidence would not have deserted her and she would not now be undeserving. She has the idea also that she is a social failure, that no one cares for her, that she is not essential to anyone, that her personality is not agreeable to anyone, and that even the other employees in the office are down on her. She remarks that they go out in pairs, that one awaits the other at the elevated station to go home together, that a number plan

to spend Saturday afternoon or Sunday together, but no one asks her, or awaits her, or solicits her company or cooperation. In fact she says that they do not like her, that they avoid her, that they talk depreciatingly about her, and she is sure that they know she is not up to her work.

When she comes home in the evening she throws herself down on the lounge and often has to be coaxed to take her dinner. She will not participate in any way in the little occurrences, and gossip of family life, nor are we able to persuade her to go out to meet people. Sometimes she will go for a walk with her sister, but she will not go to the theater or to church or to any social gathering; everyone must know she is a failure, she says. Alone with her sister or with myself she will talk unendingly of her lost confidence in her social ability, and of her failure in business. Her sister, who sleeps with her, says she awakens very early, and several times she has told her that the thought of doing away with herself has come into her head. She gets up at six o'clock every morning, but lately it takes her so long to dress that she is scarcely ever ready on time, which is so unlike her, as she used to be quick and alert. Moreover, she is losing flesh, and she shows in her appearance and in her actions that she is not well. She talks to me constantly about the uselessness of it, meaning the struggle to go on now that she is a social and business failure. It is absurd to keep going to business, she says, because every day she is getting more incapable, and it is only a matter of a short time when they will ask her to give it up, so it is preferable to leave now. It is such an effort for her to do the work which formerly she did easily, and it takes her so much longer to do it that it exhausts

her. Even the thought of it overwhelms her. She says her thoughts are very slow and sometimes they will not come at all. Once or twice recently she has told me that everyone would be much better off if she were dead.

About two years ago she was keeping company with a young man and we believed she would marry him. But last spring when she began to be run down she gave him up because he was uncongenial. At first I thought her depression might have had to do with that, but it seems to have made no impression upon her and she never mentions him. In fact one of the things that is most mysterious to me about this change that has come over her is that she doesn't seem to care for anyone or anything the way she used to do. This troubles her, too, and she blames herself for not feeling the same toward us as she did. She has been going to different doctors all the fall and winter; some say her blood is thin, others say she has nervous prostration. That she is growing worse I don't need a doctor to tell me, but what to do for her I don't know. I have tried to persuade her to go to you before this, but she is afraid that you will find that there is something the matter with her mind.

Whatever you advise I shall try to carry out. If you think it is necessary to see her first, please let me know.

I hope she is not going to be afflicted the way her sister was. Perhaps you will recall that her sister's illness began apparently in worry over the condition of her nose, which she insisted was red and swollen, but which did not seem to us to be very much different from what it always had been. Always an extremely sensitive girl, she got the idea that everybody remarked this change in her personal appear-

ance. In addition to her work as a stenographer, she had been studying music and had an ambition to become a public singer. After you saw her, the depression became so profound that she attempted suicide on several occasions, once by attempting to jump from the window, and at other times by turning on the gas. These acts were always accompanied by great mental excitement and followed by a sullen, moody state. She took no interest in anything, would not dress or bathe herself, and made all sorts of self accusations and queer statements. She had done something which she could neither define nor explain, but for which she must suffer. The swelling of her nose and the eruption on her face was punishment for some act which she had committed but which she could not describe. She begged me to put her in the cellar where no one could see her. At other times she would implore me to deny that she was my daughter. She would say, "You have four other girls and don't need me; make a servant out of me. I am no use to anyone; I should think you would all want me out of the way." When I was at home she would not talk very much, but whenever I went out she would begin with the other girls and talk to them by the hour about all such nonsense as I have just mentioned. We could not get her to do anything or to discuss anything or to look forward to doing anything.

About four months after we saw you, she went out with me one day to walk. We had a little store then and my husband asked me to leave a package at a certain house, the address being given in her presence. When we came near the house she said, "That is the number, that is the house over there." This was the first time she had

taken an interest in anything for a long time. After walking some distance, we stopped to look at some pictures in a shop window. One picture, which particularly attracted her attention, was that of a bird, standing near a basket with a baby in it and four little girls around the basket, looking into it. She said to me, "Do you know what that is, mother? That is a stork; he has brought the baby." We then looked at a picture of Niagara and I asked her what she thought of it, and I remember she said it did not impress her very much, but she would like to see it. This was the first time she expressed a wish. One night soon after this my eldest daughter brought some work home and asked this girl if she would help her with it, as she was in a great hurry to get it out. She did not say anything, but the next day she got up early and began to work upon it and from that time she improved steadily, and in a month or so was able to go back to her work. Although she is peculiar and difficult to live with, on account of frequent outbreaks of temper, she has never had anything the matter with her since then. The girl that is sick at present thinks the friction that we have had at home with this girl probably had something to do with causing her own breakdown.

New York, February 16, 1907.

My Dear Madam:

I shall be very glad to see your daughter any day that you elect to bring her to me. You have given such a clear and explicit account of her illness that I am able to judge of its nature and say to you now what the outcome of it will be, more particularly as you have been thoughtful enough to tell me in some detail of your other

daughter, who was treated by me a number of years ago. The disease that your daughter has is of the mind. If I were to say to you that it may properly be called a mild form of insanity, you might be alarmed and terror stricken. You know, however, from experience with your eldest daughter, that one may have a well-marked insanity and recover. Therefore, you are not so likely to be frightened as one who has had no experience. Moreover, I am sure that you are not one of those foolish persons who have a latent, or well-defined, belief that insanity is a demoniacal possession or something of the nature of a disgrace. Disease is never a thing to be proud of, though it is at times difficult to be assured of this when you hear persons describing and discussing their symptoms at dinner parties and other public places. Disease of the mind is no more an admission of infirmity than disease of the body, and there is no reason why we should be more ashamed of it, or try to conceal it.

The technical name which we physicians give to the disease that afflicts your daughter is manic depressive insanity. I hasten to add that it is a very mild form of the disease, and that it will probably not progress to the degree that she will become mentally deranged, using these words now in the conventional sense.

It is only during the past few years that we have been interpreting aright patients such as your daughter. Many of them are still called cases of depressed neurasthenia, and many of them are believed to have some mysterious sort of dependency upon the specific sex functions. One of the signal contributions made to mental science in the closing years of the nineteenth century was the recognition of a mental disease whose symptoms displayed

themselves in one instance by exaltation, excitement, and delirium and in another by depression, negation, and retardation. Formerly we spoke of them as mania and melancholia. Now we know that they are one and the same disease, which displays itself at one time by symptoms of exaltation, at another by depression. Another thing that we have learned about it is that the attack usually eventuates in recovery. In other words, the patient gets well, even though it cannot be said that the disease is wholly eradicated. The most important type of this form of mental disorder is that which your daughter has. She is what some would call a borderland case, but to my mind, she is a typical case slightly developed. She is of the kind that puts the physician on his metal to do something to prevent its development, and she is of the kind of which the institution physician knows little, because he rarely sees them in this stage. You have described the symptoms of the disorder so thoroughly that I shall not dwell upon them, but one feature that you emphasized interests me very much. It is the disparity between her employers' estimate of her work and her own. I have taken the trouble to inquire and they say she does her work very well. They value her services and they maintain they could not easily fill the place she has made for herself with them.

One of the earliest symptoms of the disorder is what might be called a morbid sensitiveness, or suspicion, that they are not doing their work well or satisfactorily. Another is that persons with whom they come in close contact, such as their fellow employees, recognize their unworthiness and hold aloof from them, excluding them from any participation in their amusements or confidences.

Often these delusions antedate the lack of initiation and slowness of mental and physical action, which we physicians call psychomotor retardation, for a long time, and it is during this period that such unfortunate sufferers are often misunderstood. They are thought to be suffering from overwork, vapors, anemia, or "a kind of malaria." When in addition to such complaints there develop delusions of profound unworthiness which ramify from self-accusation of indescribable sins, to having bartered their soul, the suspicion is aroused that the matter is very serious. In reality it is in instances such as the two that you have had the misfortune to have had that the recognition of the true nature of the disease is so important.

Fortunately the appropriate treatment of your daughter can be carried out at home. The first thing that I wish to impress upon you is that you must be kind, tactful, frank, truthful, and patient with her. You must realize that she is ill; that the dearth of ideas which oppresses her really exists; and that the absence of spontaneous activity which she displays is genuine.

Unless you have some insight into her condition you are not the best person to help her get well. It is absurd for you to urge her to shake off her apathy, to pull herself together, to tell her that she imagines that she is worse than she really is, that she should amuse herself, etc. She has no more capacity to amuse herself or to be amused, than she has power of resolution, or the capacity to make decisions and abide by them. The mistake is so often made of dragging sufferers like your daughter to a theater, or other alleged place of amusement, of sending them to Atlantic City, of taking them to visit friends or relatives, that I

ask you specifically not to do any of them.

I advise you to ask her employers to give her a vacation of two or three months. During this time try to increase her weight from fifteen to twenty pounds. To do this you should keep her in bed about two-thirds of the time, the remainder in the open air. If your house has a veranda put a couch upon it and have her lie there during the day. Surfeit her with milk and eggs, at least two quarts of the former to which a half pint of cream has been added, and a dozen or more of the latter. Don't bother her with solid food. If she asks for it let her have it. Get her to take some exercise each day, say a walk of two or three miles, and before she starts on this walk douse her with cold water, from a dipper, or slap her briskly with the end of a towel taken dripping from cold water. See that she has an adequate action of her bowels each day and if she gets "bilious" give her ten grains of gray powder in the evening followed by an aperient in the morning. You need not hesitate to repeat this in a fortnight. If her movements are inadequate, notwithstanding this, one-half a grain of cascara three times a day should be given. From your letter I infer that she does not suffer from insomnia. This is most fortunate, as sleeplessness is often a most rebellious symptom. Don't try to interest her or amuse her. Help her get well and she will do these for herself. Like the poet, such patients thrive on tranquil solitude and such society as is quiet, wise, and good. You have had an excellent lesson in this respect from your other daughter. Take care of her as solicitously as if she had typhoid fever, and you will soon have her well.

I am writing to Dr. —— of your city to ask him

to go in to see her occasionally and encourage you to carry out these simple directions. When she gets well, keep her well. How is this to be accomplished, you ask? We must leave that for some other time.

Yours sincerely,

VIII.

Hysteria in a Young Man.

Toronto, December 2, 1907.

Dear Doctor:

My wife's cousin is a doctor in New York. Some time ago I wrote to him and described my case, and he advised me to consult you. My occupation, that of buyer for a clothing house, takes me to your city twice a year, and I should like to call upon you the next time I go, if, after reading the description of my sickness that I enclose, you think you can cure me.

I am thirty years old, and have been married for three years. My present complaint is numbness of the tongue, pricking sensation in the left side of the face, bad taste, sense of suffocation, throbbing sensation in the left ear, and occasional headache. These symptoms sometimes come very frequently and last for a few minutes. In addition, I have shooting pains in the left side of the head and occasionally a queer feeling of heat in different parts of my head. These are the symptoms which I have most of the time, but in addition to them I have very queer attacks.

The first attack occurred the 12th of April, 1902. I was at home talking to my mother. I had a sensation as if I were very cold. This lasted a few minutes, then I experienced a twitching in the back of the neck and a throbbing, fluttering sensa-

tion in the throat, as if an alarm clock were going off there. Then my tongue began to tremble, or, better said, to stick out and draw back rapidly, and my head to twitch and jerk violently to the left, as if I were having a convulsion. I ran into the next room and lay upon the floor. Soon I felt pain over my heart and went into a faint. I don't know how long it lasted. I did not completely lose consciousness, but I recall that I was very nervous and shaky for some time after it.

A week later I had another attack. Altogether, I have had three of these attacks, the last one a few days ago. I was lying on the couch, when suddenly I called my wife, and said: "See my face, how it is twitching?" She tells me that the face and eye of the left side were turned to the left. My left hand twitched, and my breathing became irregular and spasmodic. This lasted about twenty minutes, during which time I could not see, hear, or articulate. I could only mumble, although I knew perfectly well what I wanted to say. I did not lose consciousness, and I knew what was going on all the time.

So far as I know, the only cause that I can attribute for the first attack was fright. One week before it occurred I went, at the request of a friend, to visit his daughter, who was confined in an asylum in Rochester. As soon as I came into her presence she rushed at me, as I thought, to attack me, but I found out later that she wanted only to kiss me. Soon afterward I experienced a sensation which started from the stomach and went to the throat, and then to the left side of the face and head. When she made the attempt to jump at me, I had a sensation in the lower part of my spine as if it were being forcibly opened, then a queer crawling sen-

sation in my back, and finally I became cold and nauseated. I could not get out of there fast enough, and when I got home I took some whiskey, but I could not sleep, not only that night, but for several nights. I thought she was always back of me. I had diarrhea and was all excited. I remember now that I had an attack once before something like this one. I had gone to visit my father, who was working in Rochester. I was talking to him, when suddenly I felt a sensation in the throat as if I were choking, and I was seized with the fear that I was going to die. I ran into the yard, and someone gave me whiskey, which I drank, and felt relieved. I remember now that I had a terrible sensation of pressure on my chest.

I forgot to say that in July I had an experience which may have had something to do with bringing on my first attack. I had gone off with a party on an excursion, and we were sitting down to have some refreshments. Someone said to me, "What will you have?" and I said, "I'll have some raspberries." One of the girls said, "Your face looks as red as a raspberry." I immediately became chilly, and had these peculiar sensations in the throat, the significance of which at that time I did not know, but I have had them so often since that I have become accustomed to them. After that I felt very queer and weak.

An attack comes on about as follows: I feel as if something starts to draw in my throat, then comes a sensation as if I were going to vomit or belch gas. Then the tongue begins to shake and harden up on one side like a cramp. It continues to work harder until I get frightened and excited, and it keeps on working faster until my face gets flushed like someone ashamed, and makes the blood go to the head. Then I stand up and say to myself, "What is going

to come? I only hope it will go over quick." Then my hands begin to go; I can see and hear, but after that I cannot see and hear, and when I get down on the floor I cannot tell whether it is dark or light. It seems that when I look at a certain thing, I see it perhaps for a second, then it passes away and I lie down. I never lose consciousness until I fall into a deep sleep. In the first attack I had a pain in the heart, and lower down—a feeling as if something were going to break or burst.

The most curious thing about these attacks is that they have some relation to dreams. I have had about twelve dreams of them. I dream that I am at my work and that something comes up behind me which frightens me—never two people, always one person or a dog. Then I am aware that this twitching on the side begins, the dog or person still following me. Then I awaken. Sometimes when I go to bed I am in an excited state and I get these suffocation sensations perhaps a dozen or twenty times before I fall asleep. When sleep comes I begin to dream, and in these dreams it seems that I am walking on the street or I am in a street car and consumed with fear. I am always in fear, and as I walk further I meet a person or a dog and they frighten me, and during this fright I begin to get cold just the same as I do in the attacks. I get very excited, my face begins to twitch to one side, my head goes over, and I lay down on the flfloor or on the ground, and my hand begins to work up and down, also my head. Then I am awake, but soon I fall into a deep sleep. Also about my tongue—I have dreamt several times that I am losing my tongue, and sometimes I think food, or something I had in my hands, gets between my teeth. There is no pain, but it seems very funny, very peculiar, and

I can't describe it so well. It seems as if a mouthful of meat has got between the teeth, and I take hold of it and pull it out, and the more I pull the more I get, and then I awaken all excited, nervous, and irritable. I feel sometimes that the hair of my head stands right up straight, and I have a numbness of the scalp—like a creeping sensation on the scalp. I have also dreamt that I have been in the same house where I had my first attack. I sometimes dream of people who are in that house, and it makes me feel very bad, and I begin to get this peculiar feeling which starts from the solar plexus, or the stomach, and gradually goes up to the throat like a ball—but sometimes I overcome it, I do not always go into a convulsion. Then I dream that I have a convulsion when people are talking to me on this subject, and when I awaken there is nobody around me—I am in bed all the time. I also dream at times that I am suffocating. I sometimes suffocate so that I think I am going around like a wheel for about three or four seconds. This is about all I can say of the dreams. But the tongue—I have often dreamt, then I was pulling something off my tongue like flesh—often.

The only thing about my family history that I know is that my father, when he was twenty-two years old, had a convulsion of some sort. He was sitting on a chair and fell off, and does not know anything that happened just before or for some time after. I have one sister, who, when eighteen years of age, was sent to a sanatorium for a period of two months—she was like in a mild attack of mania. She has since been well and working. They say that when I was a child I used to have fainting spells whenever anyone looked at me. For instance, my mother says that, when I was going to school, if

anyone looked at me on the street I would faint, then they would put something over my face, and I will be all right again. That was in Europe, and I don't remember anything about it.

For a week preceding the last attack I was said to be very irritable and discontented, nothing seemed to please or satisfy me. After an attack, I feel nervous, frightened, and agitated. I have seen a great many good physicians, among them, Drs. ....., ..., ..., ..., ..., ..., and nearly everyone else whom I have been told might help me. Will you please let me know what you think is the trouble with me and what chance have I to get better. I shall do my best to follow out any treatment you may prescribe.

New York, December 6, 1907.

Dear Sir:

I have read the account of your illness that you sent me a few days ago, and I am able to answer your questions. You are suffering from hysteria, and your chances of recovery depend upon what you mean by recovery. If you mean, will you be able to rid yourself of the attacks that you describe, I think I can say to you that you will succeed. If you mean, can you divorce yourself entirely from the nervous instability of which your symptoms are manifestations, then I think the question cannot be answered in the affirmative.

I know of no more difficult task for the physician to set himself than to attempt to say to a lay person of average intelligence and education, what is meant by hysteria. There is less agreement among physicians as to what hysteria means than about any

other subject. By some it is used to indicate emotional instability and the possession of symptoms which are feigned, both of which could be overcome by the patient if he or she exerted their will power. This view is not taken by the laity alone—it is even held by some physicians. On the other hand, hysteria is used by some as a term of opprobrium, and a person is said to have hysterics in the same way as they are said to be an anarchist or a free silverite, or a Mormon.

In former days, "hysteria" was thought to occur only in females, and it was supposed to flow in some mysterious way from disorder of the reproductive organs; but such ideas have long since given way to the conception that it is a disorder occurring in persons who have inherited an unstable nervous organization, and who, particularly, are "suggestible," who have been exposed to some emotional or mental shock, such as fright. In other words, the word "hysteria" is being used to denote disorder of personality. We know its manifestations just as we know the manifestations of personality, but the constitution of personality is difficult to define.

We may be very familiar with a thing, still be unable to define it—electricity, for instance. We know its properties, its manifestations, capacities, at least in part, but just what it is we do not know. We are in much the same position about hysteria. There are few diseases that have been more thoroughly studied, and not many whose features are more readily recognized. An eminent French physician, Lasegue, said many years ago that a definition of hysteria had never been given, and never will be Despite the fact that many have tried to define it, and some have maintained success in this direction, the statement of Lasegue still remains true.

The most generally accepted view of hysteria today is that it is a special mental state—call it disease if you like—due to cerebral insufficiency. This cerebral inadequacy makes itself manifest in so many ways that the resulting symptoms are almost innumerable, and they may parallel those of any disease. We have been in the habit of stating that such symptoms may be classified into those that exist more or less constantly, perhaps without the patient's knowledge, unless his attention has been called to them, and which are known as the stigmata of the disease, and those that occur occasionally and which are often transitory. The latter come on abruptly, and apparently are often of much severity, such as in your own case. They are generally described as an "attack." The stigmata are, however, by no means permanent, and they are wanting in the majority of instances.

In your own case, for instance, the symptoms of the "attack" are those which concern you most, and, as your say yourself, they constitute that from which you seek relief. A physician would probably find on an examination of you between the attacks certain symptoms which he would interpret as hall-marks of the disease. What I want to impress upon you is that the disorder from which you suffer exists between the attacks as well as during them, even though the feature of the disease which alarms and concerns you are the attacks, therefore treatment of you must take into consideration your state of health at all times.

It is impossible to outline to you in a letter the treatment you should have in order to relieve you of the distressing and incapacitating symptoms of your disorder, nor do I understand that you request that this be done. The one essential thing for you to do

is to place yourself in the care of a physician who is familiar with the disorder hysteria, and who is willing to give as much time as is necessary to determine the cause of your attacks. I believe that he will have very little difficulty in tracing them to fright, for the history you have given of such occurrences in your infancy, as well as the one that occurred when you visited your friend in the asylum, are obviously in causal relationship to your attacks. Appropriate investigation will reveal that there have been other frights which you have perhaps "forgotten," and which are particularly associated with a dog. The memories of these frights must be reawakened and revivified, and when they are brought up to the judicial throne of your consciousness when it is most awake and alert, it must pass upon them, with convincing assurance that they have done you no harm; or, at least, that they have done you no greater harm than that which you have already experienced. It is the lingering memory of these remote experiences that are now out of the circle of the thought-procedure which constitutes your consciousness, or daily mind, as you know it, that is harassing you both in your sleeping and in your waking moments.

Naturally, it is quite impossible for you to do this sort of thing by yourself. In reality, the application of it constitutes what is called psychotherapy. If you are a reader of the daily papers you have undoubtedly often seen this word in print during the past year or two. The art of psychotherapy has been one of the important assets of the physicians since the prehippocratic period; the science of it is now being constructed. To work successfully in the field of psychotherapy one must have a knowledge of psychology, psychiatry, and physiology,

unless you happen to be a clergyman of a certain type and are a born psychotherapeutist, not a made one.

I think if you will put yourself in the care of Dr. ..... of your city, a young physician who has had adequate experience in the ..... Hospital here, in the treatment of such disorders as yours, and follow implicitly the instructions that he gives you, relying entirely upon what he says relative to the outcome of your disease, you will soon be free from "attacks."

Yours very sincerely,

IX.

From a Psychoneurotic Who is Hypochondriacal.

Rhode Island, April 16, 1908.

My Dear Doctor:

Your suggestion, when I saw you at your office, that I should write a statement of my complaint, seemed quite reasonable until I began to try to put the facts on paper. Even then it seemed reasonable but also impossible. In the first place, I do not like to write, and in the second place I don't know what to put in and what to leave out. You have seen me and know that I am 21 years old, though I suppose I seem older because I have had to work since I was 14 years old and help to support my mother. This responsibility and the worry that I have had about myself have made me more mature than most young men of 21. I have a good position, and the respect of every one with whom I am associated, but if they knew me as I know myself, very likely I should forfeit them. I attribute all my troubles to masturbation, which I began when about 12 years old. After about three years I learned how injurious it was and stopped it. A few months later I began to have nocturnal emissions which were the result of my foolishness. About this time a great change came over me; I became regretful, remorseful, and self-conscious, and would often break out into a

violent perspiration, particularly if I thought any one noticed me. All this was the result of the injury I had done myself. I tried to compensate for this injury by taking every kind of exercise that I was told would be beneficial, by taking cold baths, and paying great attention to what I ate, but none of them did me any good. I continued to have the same feeling and in addition a great deal of indigestion. When I was about 18 years old I was told that if I masticated my food thoroughly I would get rid of the indigestion. I began to do this, taking from an hour to an hour and a half to each meal.

Then it occurred to me that I could accomplish my purpose much better if I were to eat alone. At first I could stand it if persons were in the house, but if anyone were in the room my mouth would become so dry that I could not get the food soft enough to swallow and I would have a queer feeling of contraction in my stomach, and lose my sense of taste. My mother was then having a few lady boarders, mostly school teachers, which I persuaded her to give up because of my inability to take food if they were anywhere about.

Last February my mother went away to make a visit. She was to stay a week, so she cooked some food to do me during her absence. I got my own meals and ate them in my bedroom. During this time that no one was in the house I realized that it was unnecessary to chew my food until it became a liquid, my sense of taste returned, and I gained ten pounds in two weeks. My mother then came home, but I discovered at once that I could no longer eat while she was in the house. No matter if she was in another room I could

not eat. I imagined she was listening, my mouth became dry, and this terrible constriction developed in my stomach, and it was impossible to go on eating until she left. I persuaded her to put my meals on the table and then go out away from the house, to visit a neighbor, or to go to a store. Then I ate, but while doing so I was in constant fear that some one would come in. In order to avoid this I ate hurriedly with the result that lately I have had a great deal of indigestion. Now the neighbors are beginning to inquire why she always goes out at meal time, especially when it is raining and storming, and it is often embarrassing to give an explanation. But she must go or I starve, and I must keep up my strength. I always feel the sense of constriction of the stomach when I am in company, when I am talking, riding in the street car, etc., and especially if the person with whom I am in contact has shown more than ordinary interest in a personal or business way. I have it in the most troublesome way when I am with a girl that I know and like very well. It is hard for me to explain it in reference to this particular girl, but I must tell you that I have had lately a feeling that I would never let a woman get the better of me.

This has a queer relationship to what I consider to be the beginning of all my trouble. I have never had any inclination or desire to have certain relations with women; on the contrary, I have had a feeling of profound dislike for even the thought of it or for anything that suggests it. I do not think sexual intercourse is wrong or immoral but I do feel that if it were not for that I should not be in the condition in which I am now. Therefore I never go to a play or to a theater where they have

ballet dancing, or where women play in short dresses, or where I would see anything which was likely to suggest these things to produce emission later when I am asleep.

A year ago, when the girl that I spoke about came to —— to visit, I met her and got to like her very much as a girl; I liked her just because it was she. I never thought of her in any other way than as a boy might think of an automobile. I used to go to see her often, but always after dark. She did not understand at first why I came then, but circumstances favored my calls at such time, and I was more ready to go because in the dark or with very dim light I do not break out into this awful perspiration, and I am not so terribly self-conscious and terrorized as I am at other times.

There are times when I feel perfectly well, even when I am with this girl. For instance I recall that some time ago I was calling upon her and I lay down upon a sofa; she came and sat beside me and caressed me. I felt as if a weight were lifted from me, and I said to myself, "I am perfectly well." If I should plan to repeat this I would get into such a state of excitement and distress, that I think I would go mad. In the first place I have to distinguish this girl from her sex. I am not at all sure that I make clear to you what I mean, but I have the conviction that the sex, meaning women, have had something to do with getting me into this awful condition. If they did not exist, that is, if there had not been something in me which demanded or called for their existence, then I should not be in the condition in which I am. My reasons, then, for not wanting to have anything to do with them is that I want to put this whole question of sex entirely outside my

thought, and this is what I mean when I say that I have the feeling that I shall never let a woman get the better of me. But with this particular girl it seems that I don't feel that way and especially when I am with her. When I am not with her she is in the category of her sex, and the thought of her fills me, sometimes, with these extraordinary feelings which are a mixture of fright, anxiety, terror, and despair. I feel sometimes I can't withstand the sensation another minute, and if I don't get relief I'll explode, or go up in the air, or in some other manner cease to be.

I have explained to her a great many of my troubles, but of course she does not know what they come from. Once when she came out to —— I met her at the train and I told her I had to go to ——. She wanted to go with me. I thought I could not stand it, as it would be very light in the train, but finally she persuaded me to take her. The perspiration simply rolled from me all the way and I was most uncomfortable. I kept saying to myself, "If ever I get out of this I'll never get into such a mess again." Had it been dark I should have enjoyed myself. When we returned I went home, changed all my underclothes, which were so wet they dripped when wrung, and then went to her house. The light was low there and I felt all right. To-morrow she is coming up to —— to see a ball game. I am going to play. I shall suffer more than you can imagine because I know she is there. I wish she were not coming. I will have a nervous sensation for fear she will see something in my face that will make her not care for me and I shall avoid her in every possible way. Unless she approaches me it is very probable that I shall go home without speaking to her.

She knows I care for her although I have not told her in so many words.

Last summer she wanted to give me a ring. I said, "No, I am not worthy of it." I felt unworthy because I had masturbated and injured myself by so doing. In the winter, however, when she asked me again to take it, and keep it as long as I loved her, I thought "I can do that conscientiously," but I did not say in so many words, "I love you." She is a brilliant girl in company, a wonderful girl, and she is very fond of me.

She has written between forty and fifty letters to me, but I have only written one to her. I cannot bring myself to write because I feel that some time the written letter might be used to my disadvantage. Sometimes, you see, I am so nervous that I can scarcely sign my name.

If I did not have so much worry about eating, that is if I could give time to anything else, I might get well, but I have fallen away terribly, particularly around my chest, although I am pretty good weight, that is I weigh 145 pounds and I am only 5 feet 5 inches high, but I am sure that my body has fallen away a great deal. It is always harder for me to eat dinner than any other meal, and particularly if I have seen a great many people all day or have been excited in any way.

I have had to give up going to church and to entertainments. Occasionally I go alone to the theater, but always I have to have an aisle seat, so that if the impulse to get up and go out comes over me I can do so. Once or twice I have been to the theater and had a seat two or three from the aisle but I perspired so all the time and was so painfully self-conscious that I did not have a moment's enjoyment. As a rule when I am in the

theater or a similar place, I am able to forget myself only when the lights are turned low. Then of course I can't go anywhere for amusement like other persons. I can't go into a restaurant, I can't go on excursions, I can't go to parties, for the entertainment of all of these is mixed up with eating and with women.

I like crowds; for instance, there are few things I like better than going to a baseball game; then, with a great many people around me, no one observing me, I am without a trace of nervousness. I can talk to anyone at such times, who speaks to me casually and does not take very much interest in me, just as any normal person can.

I am convinced that I brought this all upon myself, and I know I did myself harm. If I don't get out of it I don't know what is going to happen to me. As I have told you, I am falling away around my chest, as anyone can see who will look at it, and I am sure that one can't go on living the way I do.

Another thing that troubles me is that I don't know what to do about this girl. She seems to me to be the finest thing in the world, but I am not able to conduct myself toward her as a man should. Please help me.

Yours faithfully,

New York, April 23, 1908.

Dear Sir:

The letter which you wrote to me on April 16 I have received. Despite what you say in the beginning of your letter about your inability to write, it seems to me that you have succeeded in

this instance in letting me know something of yourself.

Your case is of the greater interest because it seems, even from the brief recitation that you have made of it, that your obsessions and your delusions are founded upon a sexual basis. A well known Austrian writer, Freud, to whom we are indebted for helping us to interpret such disorders as yours, has suggested that most cases of this kind are founded upon such basis.

I do not believe that the cause which you attribute for your ills, namely onanism, is the fundamental one. In fact, I am not at all convinced that it has had anything to do with your present complaint. In the first place, you must know that the majority of boys at some time in their lives do what you did, and which you are now making such a fuss about. And you must likewise know that no injury flows from it, otherwise the world would be filled with human wrecks. Why should you, a vigorous, robust, young boy, who was addicted to it a very brief time, be wrecked and the countless others go entirely free?

I have no doubt that your disorder is upon a sexual basis but it will require a careful investigation by the so-called psychoanalytic method to determine just what feature of sex disturbance is responsible for it.

It will not cure you to be told that the unnatural sexual indulgence of your boyhood is inadequate to have caused your present condition. It will not suffice you to be assured that if you will exert your will power you will overcome your most distressing symptoms. It will not avail even to convince you by logical argumentation that you must be well nourished to weigh 145 pounds when you are but

65 inches tall, and that therefore the belief that you are falling away is a delusion. In fact argument, persuasion, exhortation, assurance, contempt even (that weapon which pierces the shell of the tortoise) are of little utility in such cases until after the patient has been assisted to a psychic state similar to that which existed when the symptoms first manifested themselves. You ask how this is to be accomplished? And I say to you, I profess to do such things, and I shall be glad to try to do it with you.

Such treatment is called psychotherapy. It is a big word, and now that the public, and here and there an enthusiastic cleric have got hold of it, it is likely to have the vogue that appendicitis had a decade or so ago. It is not at all new in the art of medicine. In fact it antedates Esculapius, and a very fair brand of it was in use at the time of the Pharaohs. However, there came a time when it fell into desuetude in Boston, and so it had to be revived. The renaissance was attended with slight raising of the voice on the part of its sponsors. This is the equivalent of a lyric outburst or of a dramatic apostrophe, or even of an impassioned arraignment, in less cultured centers. Naturally advance has been made in the understanding and application of it during these past few years that have revolutionized every art save that of the poet and artist.

You may do a great deal to assist the physician who essays to cure you. You may assume, for instance, that you are in error about the cause of your symptoms. You need not furnish a cause just at present. Assume that you do not know and leave it to others whose lives are devoted to ferreting out the cause of disease to find out. You

may read books whose purpose is the instruction of persons such as you in the nature of their symptoms and diseases. For this purpose I recommend a small book recently published by Lippincott, of Philadelphia, entitled "Why Worry?" from the pen of a physician in a neighboring city long known as the Athens of America, sometimes reviled as the cradle and nursery of "Antis" of every description, but universally recognized as the abiding place of the Ancient and Honorable Artillery. Its author, Dr. George L. Walton, has succeeded in putting the facts about psychoneurotics, of which you are one—if you will forgive me for calling you names—so clearly and so intelligibly that any one can grasp and understand them. More than this, he writes with such insight and sympathy, such candor and simplicity, that the reader cannot fail to appreciate that what is said is founded upon experience, knowledge, and wisdom. You will find in it, I have no doubt, much that will aid me in getting you well.

Finally, don't neglect the poets. They are a great adjuvant to medicine. You will not accuse me of disrespect for the cloth or irreverence for that which it represents symbolically when I say that if I had to choose between Emerson and the Emmanuel Church as an aid to the practice of medicine, I shouldn't hesitate a moment. I don't decry prayer while exalting poetry, for I believe with the Epistler James that the effectual fervent prayer of a righteous man availeth much. While I am speaking of poetry I suggest that you commit to memory the following stanza from Cowper and whenever you get wrestling with the idea that your troubles have flown out of youthful folly counteract it with "Truth," which says:

"Past indiscretion is a venial crime,
And if the youth, unmellowed yet by time,
Bore on his branch luxuriant then and rude,
Fruits of a blighted size, austere and crude,
Maturer years shall happier stores produce,
And 'meliorate the well-concocted juice."

Finally I want to say to you that I am sure that you will recover, and that you and she, "the brilliant girl, the wonderful girl," will live happy together forever afterward.

Yours, very sincerely,

X.

From a Lady Who Seeks the Deliverance of a Sister Who is Jealous.

My Dear Doctor:—I wish to make an appointment with you for my sister, Mrs. ——. She will be here next Monday to stay a fortnight. I am greatly concerned about her, and as she is seeking your counsel at my urgent solicitation, I feel at liberty to tell you something of the conditions, as far as I know them, under which she is struggling. I am convinced that she is not only sick in body but mentally ill as well, otherwise her weakness, backache, apathy, and depression cannot be explained.

My sister and I were left orphans at an early age. My father died when I was seven and my sister but an infant. My mother lived on, a heartbroken invalid for ten years. When she died, I was seventeen; my sister, not quite eleven, was a delicate creature, having, I am told, suffered much from digestive trouble in her infancy, and been threatened with rickets.

From a child she would devote herself passionately to one person in whom she lived and breathed. She could be, apparently, in the seventh heaven of delight, when a cold word or an indifferent look from the beloved one would plunge her instantly into the depths of gloom. When we were left alone in the world she became deeply attached to me, and had she not fallen in love I should have considered it

my duty to refrain from assuming more intimate ties and to guard and protect her always.

At twenty, however, she fell violently in love with a young man a few years her senior, whose family we had known always. Her engagement was a short one. She was married and nine months later her first child was born. Everything was apparently most felicitous in spite of the fact that she did not escape those hours of disappointment and disillusionment which fall to the lot of every young bride. It was at this time that I felt at liberty, my sister being settled, to seek my own happiness. I married an old friend, a German officer, and have lived in Germany for the last sixteen years. I have a large and engrossing family, and although I have kept in touch with my sister as much as possible, I haven't been under the same roof with her for any length of time, until my present visit, which is now terminating.

When my sister met me at the station her appearance gave me a shock. She looked almost transparent and her eyes had a strained, excited expression, which I had noticed in the past only at times of extreme exaltation. She seemed delighted to be with me, but instantly became reserved when I asked if all were well with her. Her husband, she said, with a shrug of the shoulders, was away from home amusing himself. Her boys, respectively 13 and 15, were at boarding school. She was alone. I did not notice during the first twenty-four hours that she was much changed, for we recalled the past and lived over in imagination many happy days long gone by. As time went on, however, my attention was attracted to a peculiar expression which seemed to come over her face at short intervals without apparent cause. Her interests in whatever subject

we were discussing seemed suddenly to fade away—her face would get pale, her features immobile and her eyes fixed. Her thoughts were either far away or her mind's door was closed. There was an impenetrable barrier of some kind between us. I perceived that my sister was not happy, that she had something on her mind, and that her natural reserve and sensitiveness led her to hide it from my searching eyes,—she seemed to be on guard.

It was two weeks or more before I could induce Mary to speak of herself and then she would let down the barriers only a few moments at a time. She would be on the eve of a confidence when she would suddenly become distant in manner and absolutely impenetrable. By degrees, however, I have learned the true state of affairs. The illness of one of my children calls me home and I am sailing in three days. I am in the throes of a divided duty and feel the greatest concern at leaving my sister, but I am convinced that under the circumstances the best thing I can do is to entrust her to your care, for I feel sure that you will know how to win her confidence.

But let me tell you what I know. I will try to piece together the bits I have gathered from her from time to time. She is, as I have said, morbidly sensitive and has an intense craving for approbation, and although a devoted and self-sacrificing mother, her instincts are more uxorial than maternal. She has sent her boys away from home for two reasons—the first, that she is not strong enough to be both wife and mother, and the second, she sees or imagines she sees, a growing antagonism between her husband and her eldest son, but more of this later. The husband came home a week after my arrival, and I took it upon myself

to observe him closely. Years have but intensified his peculiarities. He has an iron constitution, a clever but uncultivated mind, inexhaustible spirits and a most exacting nature. He is easily bored and will take any means to escape boredom. He has no religious convictions—to him this world is all we have and he looks upon the man who does not grasp every pleasure that lies in his way and rush up every avenue that promises pleasurable sensations as an unmitigated fool. He is a law unto himself and recognizes no boundaries but his own limitations. My sister confesses to me that at different times her jealousy has driven her to thoughts of suicide, and there are indefinite rumors that at one time she acted irrationally for a few days. During their entire life together, beginning eighteen months after their marriage, her husband has had a succession of affairs—probably harmless in one sense, for they have been with women in his own class, often with his wife's intimate friends, and these women have lost neither position nor reputation. His intense vitality makes him irresistible to some women. For the time being, he lives only for the object of his admiration, whom he surrounds with every outward evidence of his approval whenever opportunity offers. In the ballroom, or in the country, his wife has purposely placed herself in a position to overhear what he may be saying to the woman whom he admires, and she has heard caressing compliments in the delightful, magnetic tones which won her own heart directed toward some one else.

For dreary days and sleepless nights she would eat her poor heart out—and then he would return to her. So far he has apparently never failed to return. Then would begin a struggle of another

kind. She would try, in spite of her delicacy, to fulfill all his requirements—take long walks, exhausting rides, enter with apparent interest and enthusiasm into all his schemes. At these times he would devote himself to her. It almost seemed as if he would devour her soul and body. Then reaction would set in—he would seek alluring fields and pastimes new, go away from home alone and leave the poor little bruised being a prey to all the forebodings that a sick body and jealous mind could fabricate. At times I fear she must have been beside herself, but he always returned in time to restore her in part, and her broken condition seemed to appeal to a side, which, if you will believe me, is not his better side. It seems to me that he takes a certain satisfaction in seeing what devastation he has accomplished. My brother-in-law is now away on a shooting trip and I feel that my sister is in no condition to be left alone. I am also convinced that she needs medical advice and care.

She has been receiving treatment from a physician in ————————, who thinks she has some spinal trouble, a weakness of the spine. At times she complains of a great deal of pain in the back of the head and neck, and of fatigue, which apparently is not the result of exertion. At other times these complaints disappear suddenly and she will seem quite well. I do not know that I make my meaning quite clear to you, but there are periods when she seems quite normal; yet within a few days, nothing having apparently intervened meanwhile, she will go to pieces, become terribly depressed, apathetic and uncommunicative. One would think she was becoming a prey to melancholia.

One time the doctor gave her a rest cure, another

time he burned her back, and lately he has been talking about sending her to a sanatorium. I haven't had much conversation with him about her, but I am convinced that in his interpretation of her condition he does not take into consideration the fundamental part that the mental or emotional element plays in her case.

I have observed her very closely during the past two months, and the result of my observation is that her physical suffering is largely dependent upon disturbed peace of mind. It is with difficulty that I have persuaded her to come to New York and see you. I feel convinced that you will succeed in bringing her back to a normal state, particularly if you gain her entire confidence and make her feel that she can rely upon you to listen understandingly to the complications of her life.

Apparently she has every worldly possession that goes to make life worth living, but the peace of mind surpassing wealth, which the Sage is said to find in meditation, eludes her.

After you have seen her I shall be grateful for a letter, telling me what you think of her condition. Don't hesitate to tell me if you conclude that it would be to her advantage to have me here, for I can easily arrange to return in the spring. I fear, however, that one of her own flesh and blood is not the best person to help her at the present time.

Yours very sincerely,

New York, Oct. 13, 1907.

My Dear Madam:

I have your letter of yesterday requesting an appointment for your sister. I hasten to reply so that you may have my view of your sister's case before

you leave for your home, more particularly as I wish to get some further details from you before she comes to see me.

You have given me such a lucid account of your sister that I am able to say what her chief trouble is. Perhaps after receiving my reply you will think it wise to take her to a priest, not a doctor. We really haven't made any advance in the treatment of jealousy since the time of Moses. In those days, when the spirit of jealousy came upon a husband or a wife, they were brought unto a priest, and it is probable that you can do no better than follow the example of the Israelites.

We who deal with disorders of the mind, as well as of the body, have sometimes to combine the offices of the priest and physician, but fortunately for the reputation of the clergy, we do not thereby arrogate to ourselves a comprehension of practical theology which surpasses that of men trained in that profession.

Jealousy is an instinct which we inherit from our animal ancestors. Those versed in biology and the laws of heredity do not hesitate to tell us with much confidence that it is an mnemonic engram, something almost as specific and material as a million dollars, but however this may be, no one denies that it is a heritage of animals and barbarism. It originates at a period in the development of the human species when possession depends upon might, and retention upon artifice and violence. It is an indirect effect or derivative of the most profound primordial passion. In other words, it is an irradiation of the sexual appetite which has a peculiar mental character.

In women it is less brutal and violent than in men, but what it lacks in these qualities it makes up in

being more instinctive and more penetrating. Jealousy is like all other hereditary infirmities. It is very little influenced by what is commonly called treatment. To eradicate it requires the combined efforts of education and selection. These carried on for a sufficient length of time may gradually overcome it. As physicians, we have very little to do, unfortunately, with either of these activities.

I shall be glad to see your sister and listen sympathetically, and, I hope, understandingly, to her story. Perhaps I shall be able to suggest to her a line of conduct and a mode of thought which will bring into her life a greater amount of happiness. Except in a general way, however, it will be an experiment, because in every case in which disorder of the mind or of the emotions, flowing out of unhappiness, is the complaint, the indiidual and not the disease is what we have to treat. There are certain general principles underlying the treatment of such diseases as typhoid fever and pneumonia, but when it comes to the treatment of a state of mind which is the result of injustice—for I presume that everyone admits that jealousy is injustice—there are no cardinal principles.

I gather from your letter that your sister, besides being sensitive, romatic, and impressionable, is rather a literal person. She is, I presume, about thirty-five years old. The opportune time to attempt to eradicate those emotional qualities which are now contributing to her unhappiness has long since gone by. Not only is her character fully formed and set, but habitual modes of mental and emotional reaction to all sorts of stimuli have developed within her. She can scarcely hope to change this, save by prolonged mental discipline and toil. "For labor must lead the way to every fair posses-

sion, and he must toil who is eager to attain virtue. Thou knowest that Herakles and the Dioskuri, and Asklapius, and all other children of the gods, through toil and steadfastness accomplished the blessed journey to heaven. For it is not those who live a life of pleasure that make the ascent to the gods, but rather those who have nobly learnt to endure the greatest misfortunes." So wrote Porphyry, the Boswell of the Neo-Platonists, to his wife, Marcella, upward of fifteen centuries ago. I commend the letter from which this paragraph is taken to your sister.

Can you encourage me to believe that it will be possible to convince your sister that her experience is not unlike that of many of her sex, that in reality it is her lack of confidence or trust in her husband that precipitates her acutest misery and thrusts her into the injured lover's hell; that she does not make allowance for average human frailty; that she neglects to sum up the total of her husband's virtues and of his deficiencies and putting them in the judicial scale abide by the kick of the beam?

Furthermore, what shall I do if I become convinced that her husband's conduct is such as to justify resentment? Do you think it will be advisable for me to send for him and apprise him of my belief? Is it not possible that he will resent interference on my part, even though I put it on the grounds that his wife's health not only justifies but demands my interference? Moreover, I say to you now, frankly, that I may permit myself some latitude of professional privilege and advise her to apply for a divorce, for uncontrollable jealousy is, to my mind, a legitimate cause for such action. It might be well, therefore, for me to learn how the family look upon such a possibility.

I gather from your letter that you, who apparently understand your sister fairly well, and who have had much opportunity recently of seeing her, are of the opinion that there is some justification for her jealousy. But if her husband is a type of man that harks to no higher call than the gratification of his every desire, it seems to me that we cannot do much with such a person. What is there in him to which I can appeal that will be likely to influence him to shape his conduct more in conformity with his wife's wishes? I cannot believe that he is insensible to the fact that her complaints flow indirectly from his conduct. Is her health and happiness of such importance to him that he will be willing to make some sacrifice in order to secure them? You have not drawn him very clearly, and yet I feel that I must get an accurate description of him, in order to be of service to her. If you can tell me something of his conception of happiness, destiny, and justice, you will aid me in forecasting her future.

The only encouragement I can offer is that I may be able to give your sister, by suggestion, a mental attitude—a point of view—which in time may become a philosophy of life in which jealousy can be intellectually fought and conquered.

I need not tell you that there is scarcely any affliction so potent to cause misery and suffering as jealousy. Yet, what effort is made to eradicate it in the growing boy or girl who shows its warping effect and its baneful consequences? We take infinite pains and care to instil into the budding mind principles of honesty, veracity, chastity, and temperance. We expend any amount of energy in pointing out to our youth the advantages derived from learning to "play fair." We infuse them with sen-

timents of altruism, of unselfishness, of generosity—in short, with all the so-called humane impulses—but so far as my observation entitles me to an opinion, we do little or nothing towards teaching our youth that jealousy is more potent to produce misery and unhappiness in themselves and others than almost any other mental possession.

Suppose, for instance, that when your sister first began to feel the tentacles of this parasite fastening themselves upon her she had reasoned with herself, or had been reasoned with, to the effect that matrimony does not necessitate that either one of the contracting parties should cease to seek pleasure and diversion from association and honorable intimacy with persons of the opposite sex, and that so far as her information went such was the extent of her husband's guilt. Do you think she would have resolved, and fortified her resolution with whatever appeal to the supernatural her training and mental make-up suggested, to thrust jealousy out of her mind, as one throws out of his house a person who has attempted to impugn his honor and rob him of his best asset, integrity? Or do you think she would have been more likely to wreak vengeance upon the person whom she thought was trying to share some of her husband's attractiveness, a possession which she believes belongs to her exclusively? Is your sister a person who will be as frank and honest in discussing this feature of her affliction as you think she will be in laying before me her conception of the cause of her misery? From your knowledge of her, can you tell me if she has the capacity to take into consideration that not only is she concerned, but many others as well? I shall be able to find this out for myself, but your opinion in the matter will be helpful to me.

Perhaps you can also tell me something of your sister's interests, particularly what makes life for her worth living? Maeterlinck maintains that it is reasonable to believe that the paramount interest of life, all that is truly lofty and remarkable in the destiny of man, reposes almost entirely in the mystery that surrounds us; in the two mysteries which are the most dreadful of all—fatality and death. If this is so, and if your sister is so fortunate as to be a woman imbued with religious sentiment, it may be comparatively easy to give her a new point of view. She will accept, or, at least, make a serious effort to accept, that which is foreordained, believing that it has been initiated and sanctioned by the Infinite to which she bows resignedly. And if at first she cannot accept it fully and peacefully, silence and prayer and the religious attitude will facilitate its acceptance. If, however, her idea of life is—

> "To eat, to drink, and in communion sweet,
> Quaff immortality and joy,"—

the problem will be a more difficult one, but not necessarily insoluble. For if this life is all, then it behooves us to make it a success, to make ourselves and our associates happy, to spare no pains, to hesitate at no mental or moral operation which can reveal to us the art of living, and give to us and to those we love serene and beautiful days.

XI.

From a Doubting Thomas.

Washington, June 18, 1908.

Dear Doctor:

I have read with interest the "Letters to a Neurologist" that have been appearing in the Medical Record during the past few months, and I am moved to add one more to your collection. It is obvious that you have had considerable experience with the general practitioner, and I say to you that I have had not a little with the neurologist. This letter is not written to cast any aspersions, for I may truthfully say that it has been my experience that, when the neurologist is a practitioner of medicine who has had special training in nervous diseases, he is a most satisfactory consultant. But what I am particularly at a loss to understand—and desire for enlightenment is the object of this letter—is the quality of advice that many of my patients get from neurologists. Take, for instance, a patient seen by me to-day. A man in charge of a small business, a steam laundry, consulted me two years ago, seeking relief from attacks of pain in the legs—rheumatism, he called it—and difficulty in passing water. I couldn't make much out of him, so I suggested that he should go to see a nerve specialist in Baltimore. He did so, and was told that he had locomotor ataxia. He was given a saturated solution of iodide of potassium and told to take thirty drops of it

four times a day. He says that he was told that his treatment could be carried out as well at home as there, and that the disease was incurable. However, it might be years before he would be incapacitated. He was warned to keep away from quacks.

This, it seems to me, was like taking a backwoodsman who had never seen a balloon but had heard of it, and who desired to make a journey in one, putting him in the car with something that was thought to be ballast, telling him to throw it out if the balloon did not go up properly, and then cutting the captive rope. You couldn't have any very sanguine expectations that he would come down in Philadelphia or other safe place remote from the starting point. In fact, one could not give reasonable assurance that he would come down at all. The truth of the matter is that the chances would be all in favor that the errant would come a cropper, and that's just what happened to my patient. He went home and took the medicine for a while, and as he didn't seem to be improving, he sought those who had no doubt but that they could cure him. First, he tried a "chiropractitioner" of this city. She rubbed him violently—that is all he knows about her treatment, save that he felt 100 per cent. worse when he came out of her establishment that when he went in. Then he went to a place where he was treated with vibration for three weeks. They didn't claim they could cure him, but they could relieve him. Promises, like piecrusts, one of your correspondents writes, are easily broken. These were of that brand. He was then advised to go to the Hot Springs of Virginia, and there they gave him the douche and hot-blanket treatment. He lost several pounds in weight and an incalculable amount of strength, and returned a weaker but wiser man. He then put himself under

osteopathic treatment, which apparently benefited him, but he got discouraged when a particularly severe attack of pain seized him. Now he reads in the Sunday papers that there is a doctor in New York who cures such diseases as his by treating the deep urethra, and he comes back to me to get my advice about going to see him.

Now, I submit that the neurologist to whom I sent him is to blame, in part at least, for this man's wanderings, and he is, in a measure, responsible for his present condition, which is infinitely worse than when I first saw him. Believe me, this is but one of several cases that have come within my personal knowledge. I can give you details if you desire them. Practically all my patients that have got into the hands of quacks and vicarious physicians have gone *via* the neurologist. I don't say they wouldn't have got there anyway. I content myself with stating the fact. The question I want to ask in this connection is: Is the impression which so many physicians have, that the neurologist seems to be content when he has made the diagnosis, founded in fact? Does he display the same keenness and insight in his search for the cure or amelioration of the disease as he does in detecting it? Is he as resourceful in suggesting means to combat the disease as he is diligent in discovering modes of eliciting it? Does not the mental picture which he has of the diseased tissues as he observes them upon the autopsy table blot out the nascent idea that anatomical and functional restitution may be possible, and leave in its place *cui bonum?* Is it not possible, now that tuberculosis is taking its place among curable diseases, that epidemic cerebrospinal meningitis is succumbing to the products of the laboratory, that the cause of syphilis has at last

been discovered, that vaccine therapy is giving earnest of great promise, the neurologist takes an unjustifiable and untenable position in pronouncing many diseases of the nervous system incurable, and conforming his conduct to his dictum? Perhaps you do not agree with me that he does so, but I venture to say that such is the opinion of many general practitioners like myself, and I should be glad to hear from you relative to it.

Another point concerning which I seek information: I note that in many of your letters you lay great stress upon the rôle which heredity plays in the causation of nervous diseases. Don't you think heredity is overdone in this respect? I think you will agree with me that it has been the trend of science to show that disease of all kind is due to accident or design. Accident in encountering the various bacterial and protozoal causes of disease, and design in overeating and overdrinking.

You, no doubt, recall that it is not so long ago that the chief cause of tuberculosis was thought to be the inherited diathesis. Yet, what writer on the causation of tuberculosis wastes words on the inheritance of the disease to-day? Then, again, what facts, reliable, trustworthy, and uncontroverted, have we to show that any but a few rare diseases flow directly from our ancestors, and in those is not its occurrence to be construed as a protective effort on the part of Nature, which, Bard and Sage, inspired and profane writer, are unanimous in saying, tolerates no interference?

I appreciate that some nervous diseases, perhaps many, are considered to be distinctly hereditary, but to me the claims put forward regarding many of them do not seem to be entirely legitimate. Oftentimes, when I read a pedigree of nervous dis-

eases, I am in doubt whether they should be regarded as illustrations of heredity, pure and simple. Some of the diseases regarded as hereditary, may, it seems to me, be due to the transmission of a disease germ through the reproductive cells, like pébrine of silkworms and like the inheritance of syphilis. There can be no doubt, it seems, that syphilis is hereditary. Therefore, the spirochætæ must be transmitted through the reproductive cells.

After a considerable number of years devoted to the practise of medicine, I have come to the conclusion that we attach too much importance to heredity. It may be that my observations, which have largely been in family practise, are too few to entitle me to an opinion.

Isn't it true that we are more in the air, as it were, in the treatment of nervous diseases than we are in the treatment of any other class of diseases? When a patient comes to me to be treated for gout, or diabetes, or aortic incompetency, I give him some advice, some instructions how to live, and some prescriptions, and I expect that he will improve or get well, but when a patient comes to me with epilepsy or amyotrophic lateral scleresis, or tabes, and I treat him in the same way, I expect that he will get worse or never come back. In the latter respect, I am rarely disappointed, I regret to say.

I did not intend to burden you with such a long letter, but I venture to hope that you will deem it worthy of an answer. Believe me,

Yours cordially,

New York, June 20, 1908.

My Dear Doctor:

I am glad to get your letter of the 18th inst., and to have the opportunity to reply to it.

I think I appreciate fully your motive in writing me. Although it may seem at first sight that your animadversions on neurologists are founded in fact, I hope to be able to explain them so that they cannot be construed as condemnatory.

The patient with tabes, whose history you relate, may have been inadequately treated by the consultant to whom you sent him, but you must remember that we have only his uncorroborated testimony. What the doctor said to him may have been quite different from that which he related to you. It seems improbable that anyone familiar with the history of tabes and the change that has taken place in its clinical course during the past twenty-five years should say unqualifiedly to a patient, or to anyone else, that it is incurable. The truth of the matter is that at the end of another generation it is not improbable that tabes will be a curable disease, for there can be no doubt, I think, that at the present time its course is materially influenced by appropriate treatment. The consultant may have erred in not having outlined to him with much precision the course of treatment which he should pursue, the frequency with which he should report to his physician, and the varieties of therapeutic aid which he should endeavor to secure, such as massage, electricity, counterirritation, methodical, purposeful movements, appropriate dietary, proper apportionment of work and relaxation, and the various other adjuvants that have been found useful in the treatment of this disease. He may have thought that the patient's circumstances would not permit him to employ these measures, or he may, unfortunately, be something of a therapeutic pessimist, particularly as he lives in a city in which therapeutic pessimism was a hall mark of good form at one

time. Also, he may have thought that these adjuvants were not of sufficient service to make their serious employment justifiable. Of course, if he were of the latter type, I can say nothing in his defense, for the therapeutic nihilist has no justification for existence as a neurologist.

You say that practically all your patients that have come into the hands of quacks and clergymen have gone *via* neurologists. If you will absolve me from rudeness and assure me that your feelings will not be hurt by the expression of my honest conviction in this matter, I shall say to you that the real reason that they find themselves in the hands of quacks at all is that the practitioner to whom the neurologist returned them after making a diagnosis and suggesting a plan of treatment is incapable, from lack of training and serious inclination, to carry out the plan of treatment that is outlined. So little value in the treatment of any disease does the administration of medicine have, save in a few diseases in which it is specific, such as quinine in malaria, mercury in syphilis, thyroid extract in myxedema, and so deeply rooted is the belief that medicines are capable of coping successfully with disease, that it is very difficult for the practitioner who has been trained largely in the treatment of self-limiting diseases to liberate himself from the tyrannical hold that drugs have upon him. When he comes to the treatment of diseases in which restitution of function is largely a matter of metabolism and the regaining of a normal mental state, in other words to a class of diseases in which drugs play comparatively a small rôle, the practitioner does not know what to do. He can tell the patient to eat food that is nutritious and to avoid that which he has found from experience does not agree with

him, to avoid fatigue and other debilitating encounter, to conform to the health maxims found in Poor Richard's Almanac, but as a rule he can't show some strong limbed member of the family how to give appropriate massage, he can't put in simple, plain, explicit language the directions for taking tonic baths, he can't outline a course of rhythmic movements for the cure of some distressing tic or habit spasm, nor can he write a dietary and convince the patient of the necessity of complying with every detail of it with the same scrupulous care as he requires them to comply when he is seeking to combat diabetes. In other words, the general practitioner does not take time and expend the energy to familiarize himself with the details of treatment which are not only necessary but essential in the treatment of nervous diseases. To what does the pediatrist of to-day owe his enviable position in the medical profession? To the fact that he has seen the necessity of mastering the details of infant feeding, and carrying them out with an exactness that rivals the martinet. The practitioner who competes with the pediatrist in the care of sick children, presents a sorry spectacle if he is not familiar with the dietetic requirements of the infant at different months of its life, with the details of modified milk, in short, with the whole paraphernalia of the bringing up of infants in the modern way. He finds that it is to his material advantage to acquaint himself with such details. The art of the neurologist is based on a much more intricate and complex comprehension. Yet I must say that I see very little evidence of any desire on the part of the physician to perfect himself in this art. Nevertheless it has been my experience (which I state reluctantly and regretfully) that the practitioner who ad-

mits that he knows little or nothing about neurology, displays a willingness to undertake the management of neurological cases. I need not say to you that the result of assuming such responsibility is not always successful. I am of the belief that the general practitioner should treat nervous cases and I have frequently urged this both in my lectures and in public print, but I maintain that before he undertakes to do it, he should give some evidence of his earnestness and good faith, and before we shall get that, I feel convinced that he must entirely change his attitude towards nervous diseases.

Let us go to the foundation of the matter. Are we not all familiar with the physician whose salutation in the presence of a patient suffering from disorder of the nervous system is, "You see I know nothing of nervous diseases"? A thoroughly trained physician is humiliated to confess that he does not recognize the ordinary diseases of the skin, or of the eye, or of the gastrointestinal tract, but the erudite and the mediocre seem to add a trifle to their stature by confessing that the field of nervous diseases is to them absolutely unknown territory. Moreover, it is a territory which apparently they have neither desire nor inclination to explore. In our great country with its hundreds of medical colleges there are very few professors of medicine who feel competent to participate in a discussion in the domain of clinical neurology even. There are comparatively few such incumbents who are willing to admit that they have sufficient training in neurology to make a diagnosis of any obscure nervous disease. These men imbue their students, perhaps not by word of mouth but by example, which is much more potent, with the idea that intimacy with nervous diseases is not of any great importance. The result is

that the general practitioner has a feeling that it is not worth while.

The truth of the matter is that the practitioner of medicine who is best fitted to treat chronic diseases, it matters not what organ or system is diseased, is the neurologist, for he is a man who has had training to apprise him of the value of detail. He is a man who has had it impressed upon him that successfully to treat any disease, there must be constantly in the mind's eye of the man who essays to do so not only a picture of the disease but a picture of the process which he desires to initiate and carry through to a successful issue. The training that he has had in the laboratory and at the bedside, necessitating as it does protracted, repeated, and exhaustive examinations of the various constituents of the motor, sensory, secretory, and metabolic mechanism of the body, not to mention the unparalleled opportunities that he has for forming an estimate of the effect which the mind has upon bodily states, fits him preeminently for the treatment of chronic diseases. He has to study with scrupulous care and attention the application of the many agencies that aid anabolism and provoke catabolism. In determining them he must search like a detective and deduce like a philosopher. For in reality these conditions are the basis of every chronic disease. He observes the immeasurable effect which the mind has upon the body and he soon discovers for himself (even granted that he is deaf and insensible to what the past has to say to him upon this score) that hope and faith and confidence and other components of optimism are the most valorous soldiers in fighting diseases. He does not feel impelled to proclaim this knowledge from the housetops, nor to preach it from the pulpit, nor does he lend him-

self to cults, religious or other, that trade upon credulity of the feebleminded or upon the aboulia of the obsessed. He utilizes his knowledge for the welfare of the sick who entrust themselves to his care. He preaches the gospel of sane living and sound thinking. He believes these are even more important for the sick man than they are for the well man. When a leaking roof allows the water to percolate into the house and destroy plaster and paper and paint, the man who is asked to repair the house does not go there and pour in a stream of cement hoping it will fill up the crevices here, and block the opening there, and thus make the house fairly habitable. He makes a careful survey of the original lesion, he repairs it as thoroughly as he can in order that no more injury may come through it, and then he proceeds with paperhanging, and mortar, and every other artifice of his craft or of his fellow-craftsmen to repair the damage.

This is what the neurologist does when he undertakes to treat a case of nervous diseases. Take for instance: The new neurologist sees a case of acute anterior poliomyelitis, he may be absolutely certain of the diagnosis, nevertheless he does a lumbar puncture, he has a complete chemical and microscopical examination made of the spinal fluid, of the blood, of the stools, of the urine, and the treatment he gives is suggested in a measure by the information which he gets from such examinations. He then has a very definite idea of that which he wishes to accomplish, viz., to mitigate the intensity of the inflammatory process in the spinal cord, to maintain the nutrition of the muscles whose nerves are diseased at their origin, to prevent deformity. He utilizes drugs which he knows have an effect to cause absorption of inflammatory products, he ap-

plies electricity and mild counterirritation to the spine, he massages gently the artrophying muscles, he injects strychnine into them, he wraps the limb in cotton wool and keeps it warm in the physiological position; in other words, he assists the reparative process of the body. He can't furnish new material as can the repairer of the house, but he can so order and arrange the reparative powers of the body that the job shall be well done.

That which he does in the treatment of diseases such as so-called essential paralysis of children is paralleled by his actions in the treatment of the majority of other nervous diseases. There are some diseases which he knows are uninfluenced by treatment of any sort, such as amyotrophic lateral sclerosis, but when called upon to treat these diseases he makes an effort to check their progress and he is constantly hoping to discover some treatment that will influence their course. On the other hand he deals with many diseases which experience has taught him are unamenable to treatment, such as the muscular dystrophies, general paresis, syringomyelia, etc., but I should like to ask you by way of answer to the latter part of your question whether you ever encountered a neurologist who did not attempt to treat these diseases with as much precision and orderliness, and I may add with as much hope of success, as the internist treats aplastic anemia, cirrhosis of the liver, or emphysema? I do not recall that any one claims that these latter diseases are susceptible of cure.

I think that you will find, if the matter is inquired into in good faith, that the neurologist is not the radiator of gloom that your letter would seem to imply. The reputation of the neurologist as a pessimist is like that of the stage Irishman, a figment

of the imagination which custom has immortalized.

In reply to the second interrogation, concerning the importance attributed to heredity in the causation of nervous diseases, I confess that a suspicion has been filtering through my mind for some time that perhaps we were attaching a greater importance to it than it deserved. At least I agree with you so far as to say that the hereditary diseases, using the word in the sense of the naturalist, are few, but that many individuals get something from their heredity which facilitates the development of nervous and mental diseases cannot be denied.

One reason why heredity seems of such vast importance to me, and perhaps not to you, is that we may attach a different significance to the word. When I use the word heredity, I do not mean to imply that it is a force or a power making for continuity or for persistence of character, but the genetic relation between successive generations. All that the organism is or has to start with is its heritage. Its inborn potentialities it owes to its parents and ancestors. We physicians practically pay no heed whatsoever to this, in our interpretation and search for the cause of the disease, while on the other hand we devote the greatest attention to environment, which includes food, climate, housing, and scenery, and to function, which includes exercise, education, occupation, etc., in other words to influences that act upon an organization whose fundamental nature is determined by its heredity. It is natural that we should give more attention to the latter than to the former because in so doing we witness the fruits of our labor. Breeders and cultivators who have profited to any incalculable extent by discovering and applying the laws of inheritance, are able to

point to results, but even though we were in relatively the same position as they are concerning these laws we should be unable to apply them.

My own belief is that we are on the threshold of making most important discoveries in the field of heredity from the application to the problems presented by disease of the principles laid down half a century ago by the Austrian monk, Gregor Mendel. I have no intention to say to you here, what the signs are that indicate such discovery. Certain it is that we were making little headway in the interpretation of nervous diseases on the hereditary basis along the lines laid down by Darwin, Wallace or Weismann but in the light of Mendelian heredity it is quite probable that many of them will yield the secret of their existence. Although consideration of the facts of heredity as they have been determined by experimentation upon the edible pea, and empirically by physicians in the study of disease and abnormality, does not tend to promote cheerfulness, neither does the fate of man unless one is deeply imbued with the religious spirit. Hand in hand with the advance made by preventive medicine, which is now used synonymously with the prevention of microbic diseases, should go progress in the science of generative or procreative development. I realize fully that we are not sufficiently advanced in civilization to enter fearlessly the domain of eugenics, but I believe that the day is not far distant when not only our profession will deal with it but the State as well.

The concluding paragraph of your letter discusses a phase of the subject which I should under other circumstances be very glad to take up, but this reply has already taken on such length that I can not permit myself to do it here.

Yours very sincerely,

XII.

A Drunkard's Plight.

My Dear Doctor:—I am seeking you as the highest court; I need your help and your sympathy. I am no craven, rather a blind bird battling for light. Forgive this outburst and I will be sane and state my case as I know it.

It is difficult to state the precise moment at which I awoke to a realization of a taint, a hereditary predisposition, a preordained infirmity, with which I had to cope, in addition to the other adversities of life. I am humiliated that I have not put up a better fight, but I have not yet despaired. With your help I may win out. Contrary to the Holy Writ, it is that which goeth into the mouth that has defiled me.

In my schooldays there was no craving for alcoholic stimulant; in fact, I was what is nowadays termed "a molly coddle." At my university I traveled with a rapid crowd, and perhaps "outheroded Herod," but the twelve years which intervened have dimmed the recollection of how firm a hold alcohol then had upon me. Drinking was always a lark in those days, not the means to an end, as it became later, nor the irresistible impulse it is now. After my graduation I spent two years in New York studying architecture. My experiences there confirmed me in my taste for alcohol, and six years abroad stamped deep in my

constitution the craving for drink. But it is only during the past four or five years that it has absolutely enslaved me. In the beginning a small amount of alcohol would give me a brace—would wake my brain to greater effort, would broaden my field of vision—would almost dictate trains of thought, and so I used it, until one day I awoke to the fact that the dose had been increased enormously, that reaction followed the stimulation almost immediately, and that instead of being an aid to me in my work I was absolutely unable to finish anything. Now and then I have ideas, definite conceptions, and I think I will whip them into shape, but, alas, I don't succeed. I am now in the condition in which I would go to your office, deny my infirmity, and yet, if you chanced to leave the room, drink from a bottle of pure alcohol on the shelves of your dispensary.

I realize how necessary it is that I should abstain from alcohol, and countless times I have resolved to do so. I have fortified my resolution with prayer, by appeals to that Source from which we are promised that there shall be no denial if we go sincerely and humbly. How often have I read "Whatsoever ye shall ask in prayer, believing, ye shall receive," and how bitterly disappointed I have been that my appeals were always unheeded. I have strengthened my will by pledges to one whom I hold in higher regard than any one in the world; by physical discipline, and by counsel from your profession, I have sought refuge in the country, remote from centers where drink was to be obtained. I have availed myself of the sanity, the loyalty, and the devotion of my wife by sharing with her my fears and my determination to make a daily, an hourly fight against temptation. I have even taken the Keely cure! Yet all to no avail.

The physician here says I am threatened with neuritis and acute Bright's disease, and tells me that I must stop alcohol. He neglects to tell me *how* I shall stop. I have no desire to disgrace my family or to fill with misery and incapacity the years that remain to me. I am a man of sentiment and of education, possessed of a sense of duty to my family and to the community in which I live—and, delivered from this demon, it is possible that I might be able to do something that would contribute to the joy of living for others. But unless I can get aid I am through, and the sooner I experience translation the better for me and for all those whom my existence concerns.

It is not alone the fact that my capacity for work has gone, but I am enthralled, enslaved, emasculated by this monstrous hirudinean that has worked its way into my soul. This is the ignominy. There was a time when I awoke each morning with a joy of life, a desire to accomplish, a capacity to do, a feeling of well being, which, now that they are only memories, are to me as the sight of green meadows, winding rivers, and cool forests are to the traveler irretreviably lost in the desert. I can't conceive what sensations I was seeking which lead me to change all that for the feeling of self-disgust, of physical discomfort and moral turpitude which were soon the matudinal sequence of my nocturnal imbibition. I recall that in those days, coupled with the regret for my action of the day before, there was always the resolution that I would abstain for a long time. Occasionally I would be be able to go two or three days without recourse to drink, and then, despite my strongest effort, I would blot out every mental and moral resemblance to my Maker. Gradually there fell from me, like

rags from a beggar, the desire or the willingness to abstain at all, and in its place came my present incessant craving. I see the necessity for work. I see it lie before me in various stages of incompletion; I realize the weighty obligations that are imposed upon me by my children. I am deeply conscious of the finger of contempt pointed at me by my fellow men; I have a sincere desire to live a life of usefulness and to accomplish something worth while. No one can realize more keenly than I do that I must deliver myself from this octopus which has fastened itself upon me, which has sapped my moral core and destroyed my will power. It availeth nothing to tell me that I must stop; as well tell water not to run down hill or sap not to well upward in the tree. Nor are any of the devices or admonitions which have been suggested to me adequate to combat it.

These words are not the wail that indicates recovery from a debauch, nor are they the lucubrations of a brain recently befuddled with alcohol. I have recently recovered from what is thought to have been a serious illness following a convulsive seizure, which the doctor tells me was of uremic origin, induced by drinking a bottle of vermouth—the only thing that I could lay my hands upon, and which I consumed practically in one sitting. I will do anything that you tell me to do, provided that you will give me serious and comprehensive attention.

It will not suffice to give me advice and a prescription. That has all been done before, and it has availed nothing. What I ask is a resuscitation from a state of death as real as that from which Lazarus rose. That required a miracle, and I am convinced that nothing less will suffice for me. I scarcely

hope to be transported back to those days of my youth when a draught of water could slake the pleasant thirst of exercise or mollify the parched lips and tongue of the noonday heat, but I hope and pray that it may be vouchsafed me to enter once more with elation and exaltation into the pursuit of some self-selected task and the discharge of obvious duties, to have the capacity to think and to execute; to do something for others that would make the burden of their lives lighter and the cheer of their days deeper; to enter with alacrity and abandon into the pleasures of my children, and to be to my wife that which her fancy and belief pictured me twelve years ago.

As St. Monica, drawing near to her death, sent most pious thoughts as harbingers to heaven, and her soul saw a glimpse of happiness through the chinks of her sickness-broken body, I am sending this appeal to you to combine the offices of physician and friend and deliver me from an infirmity which, I say in all humility, makes life intolerable. It has reduced me to a state in which I can say, like the melancholy poet in the Northampton Asylum—

> "Where there is neither sense of life, nor joys
> But the huge shipwreck of my own esteem
> And all that's dear."

Yours faithfully,

DEAR SIR:—I hope I shall be able to help you. Your appeal is one to which I am particularly sensitive. The task you set me is an onerous one; experience has taught me its difficulties. I need not tell you that inebriety, or habitual drunkenness, is a common disorder. The request to undertake the treatment of a case is no rare experience. The

unusualness of the solicitation in this instance lies in the fact that it comes from the person who is concerned, not from the family, husband, parent, or wife. The afflicted person, as a rule, resents interference with what he calls his freedom, or the right to do as he pleases. This attitude often constitutes a barrier which must be broken down before anything can be accomplished. Fortunately, in your case you realize the necessity for extrication from the pit into which you have fallen, and you are willing to work with me. That will lighten the task somewhat and give greater promise of success.

The treatment of habitual drunkenness or inebriety is a concrete problem. There are no rules which, if followed in every instance, will result in success. In fact, you admit this in your letter when you say that a prescription and a regulation of your diet and your exercise will not be adequate. The successful treatment in any given case demands study of the individual, of his antecedents, of his disposition, of his habits of thought, of his ways, of his environment, of his methods of dealing with the situations of life, of his pleasures, of his appeals, and of his self-reliance. His amenability to suggestion, his capacity for obedience, his willingness to undergo humiliating experiences and self-effacement—all these, and more, must be determined. An intimate knowledge of the way in which the drink habit has fastened itself upon the individual is likewise very important for the physician. Whether or not it has been the outcome of conviviality or the clamoring of a sensation for appeasement. If it is a habit merely, and not a constitutional reaction, there is a chance of overcoming it more readily.

It must be difficult for the reader of current literature to realize that inebriety is the menace to the health and happiness of so many people as we physicians know it to be. A recent article in the *Century Magazine* by one of the directors of an institution connected with the Emmanuel Church, in Boston, which they are pleased to call a clinic, reports that about 80 per cent. of the habitual drunkards upon which he has tried his 'prentice hand have been cured. In the August number of *McClure's Magazine* of this year, a professor of psychology of Harvard University says that it is his experience of the last few years, during which he has studied the effects of suggestion and hypnotism on habitual drunkards, that in most cases it is an easy matter to cure social drunkards of the larger cities. It seems incredible that there should be any real drunkards left when such wonderworkers are still at large, and when such master hands are still unshackled! Not being plain doctors of medicine, they do not feel obliged to give statistics in support of their statements, mere allegations sufficing. A physician who would report a cure of 75 per cent. of the cases of habitual drunkards treated, and give no statistics to support his claims, would find few readers and no believers. But let a man whose training has not been with such concrete matters as disease, one who deals largely in abstraction, make such statements, and they will be accepted by many who ought to know better.

Travelers who visit the Island of Martinique marvel at the temerity of the inhabitants of St. Pierre who take up their residence on the site of the city, which was wiped out by the eruption of Mt. Pelée. They build their houses on the lava that covers the bodies of their children, their wives,

and their parents. Every few years the Ohio River at certain places along its course overflows its banks and destroys property and human life. The inhabitants who escape build their dwellings again on the banks of the river after the stream has receded, and take up life anew, forgetting, or unheedful of, the potential danger. The attitude of the people of this country in reference to the cure of alcoholism is very much like the attitude of these seemingly hazardous people.

It is scarcely fifteen years since the press of this country teemed with laudatory articles on a certain cure for alcoholism. Senators, divines, men eminent in law and in the councils of the State, vied with each other in setting forth, through the medium of our most dignified magazines, the marvelous cures which, to their personal knowledge, had been effected by this secret method of treatment. Institutions for carrying out the treatment sprung up throughout the entire country, and the number of cases treated successfully extended into the thousands and tens of thousands. Such appearance of verity did the cures have, and such justification for the existence of the method of treatment was furnished by responsible and important persons, that it was considered almost questionable taste to deny the validity of one or the efficacy of the other. Yet, who hears of this cure to-day? What has it accomplished? Is not habitual inebriety as great a stain on twentieth century civilization as it was a generation ago? Must we again offer the broad avenue of credulity on which irresponsible drivers of fads and fancies may promenade and display their wares, or shall we have the courage of our convictions and deny their assertions, scoff at their statements, and treat with in-

difference their excursions afield from their own profession?

It is unfortunate that each country or section of country is not in possession of an island which might be set apart for the reception of habitual drunkards, to which they could be sent by process of law for a number of months or years, depending upon the intensity of their affliction. A fertile soil would provide sustenance and a strict system of quarantine would keep out alcohol. If the place should get a vogue as a favorite resort of some of our "first" families, and this might be easily brought about, people would go to it not only willingly, but with alacrity. Victims of the drink habit are proverbially attractive persons, and a community of them would be almost irresistible. You may find the scheme too Utopian, or at least too far remote from realization. Let me advise something more practical. My suggestion is that you commit yourself voluntarily to an institution where you can be deprived of your liberty for a year. If you are not willing to do this, go to a training school, such as ....., and stay there a few months, and at the end of that time engage a trainer to accompany you to your home, and empower him with authority to keep you from taking a drink. Do as I suggest about making voluntary commitment of your person, and at the end of a few months you will begin to get strong physically and well balanced mentally. Work will once more appeal to you, and the joy of creating will begin to dawn upon you again.

If you will not do this, then you might send for the elders of the town, who will say, "This, our son, is stubborn and rebellious; he will not obey; he is a glutton and a drunkard," and then ask them

to stone you with stones until you are dead, as the stubborn son was treated by the people of Israel.

I am not saying very much to you about using your will power. I appreciate that your will power is pretty well lost. It will redevelop and establish itself in proportion as you refrain from alcohol. The time to talk to you about will power is after you have abstained for a few months. You should then receive treatment by suggestion, and the person from whom it may come most appropriately—for he is with you all the time, and in a position of authority—is the trainer. You will note that I am using the word trainer to mean one whose duty is to develop you physically, mentally, and morally, and to superintend you. I wish to digress a moment at this point, to say that we are badly in need of a new profession, the training profession. We need trainers to develop children who suffer from mental retardation, to treat the victims of psychasthenia, to foster the waning intellectual powers of patients with dementia præcox, to curb the impulses of the obsessed, and to develop self-reliance in the alcoholic.

The profession of trainer is entirely distinct from that of the nurse or doctor, although occasionally a good trainer may be recruited from the ranks of either of these professions.

It may be that you prefer to get your suggestion from beneath the cloth, now that so many clergymen are construing their duty to be the treatment of disease as well as the preparation of mortals for the life hereafter. Their favorite suggestions are that the Lord will no longer single you out to bear humiliation and suffering; He did not intend that you, made in His image, should be committed to

torture and despair; that He is appeased with the amount of pain you have already borne; that the desire for drinking will disappear; the uncontrolable impulse will not return; that if you will but think intently enough to get wholly *en rapport* with the Lord the impulse to offend will not take its origin within you. If you are fortunate enough to have faith to believe that there is a personal God who watches over you, that the very hairs of your head are all numbered, who is conscious of your every thought, and who will reward your virtues and punish your sins, then this sort of treatment may be beneficial to you; indeed, it may cure you. If you can find it in your makeup to believe that ministers of the Lord are able to cure disease by virtue of the irradiations from God through them, then it is probable that you can get more help from a clergyman than you can from a doctor.

If you have what they call faith—that is, "assurance of things hoped for, a conviction of things not seen"—if you have within you an assurance that the desire for alcoholic stimulant will leave you, and a conviction that there is a Power looking after you who will keep it away if you will ask with sufficient humility, then you are cured, and you are not called upon to go to Boston, which will be a second reason for rejoicing. If you have the kind of faith which the Lord said the Apostles should have when they besought Him to increase their faith and He answered, "If you had faith as a grain of mustard seed, then ye might say unto this sycamine tree, Be thou plucked up by the root, and be thou planted in the sea, and it should obey you"—but if you haven't got this variety there isn't much hope for you in that direction.

These Christian Scientists in Boston, who are

masquerading under an assumed name, and who do not hesitate to call their Reverend Mother's religion a "despicable superstition," are animated primarily by desire to regenerate the Christian Church. They think their movement is an answer to the materialism of the age which threatens the church with extinction. They believe that Christ's mission was that of a physician, a healer of the souls and bodies of men, and that they should take up the practice as a sort of limited liability company. They balk at organic diseases, the kind that Christ cured so readily. What they are pleased to call functional disease is the grist they grind.

And the answer they give to those who ask with all reverence why God should discriminate between functional and organic (a mere makeshift of ignorant, benighted man) is the same as that given by M. de Mongeron, the pious biographer of François de Pâris, a miracle worker of the sixteenth century, to the Bishop of Sens, who, on being shown a boy whose blindness had been miraculously cured in one eye, ventured to inquire why the Lord didn't cure them both—"We haven't the right to question the ways of the Lord."

Granted that Christ was a physician, He was not a specialist in functional disease. "The blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the Gospel preached to them." Nor are His instructions to His Apostles any less comprehensive, "Heal the sick, cleanse the lepers, raise the dead, cast out devils." Those were the orders, and if the successors of the Apostles aspire and are ambitious to do the one, they should do all.

To students of the Bible like myself (shortly I shall be interpreting my mission as a physician as

a call to preach the Gospel, so contagious is this vicarious assumption of function), Jesus is the best authority as to His mission. "The Spirit of the Lord is upon me, because He had anointed me to preach the Gospel to the poor; He had sent me to heal the brokenhearted, preach deliverance to His captives, and recovering of sight to the blind, to set at Liberty them that are bruised. To preach the acceptable year of the Lord." I should point out to you that this is taken from that portion of the Holy Writ which was furnished by one who is not entirely reliable, a physician, Luke, who may have been jealous of the Lord. At least, this suspicion has been thrust into my mind by the Reverend E. Worcester, who says in "Religion and Medicine," page 344, "Luke, being a physician, could not tolerate any reflections on the medical profession."

If these divine healers do what some of them claim to do in the field of disease, and assume that it is done through their mediation of supernatural agencies, there is no reason that they should not bind and loosen upon earth as well. Their claims to do so would be no less arrogant than their therapeutic pretence.

I am not using this opportunity to scoff at a profession which is deserving of the glory and honor universally accorded it. I utilize this occasion to say that it is not frank, or honest, or honorable, to ascribe to supernatural agencies or to the intervention of God, the operation of psychological and physiological processes susceptible of scientific and empiric explanation. One may believe, if it comforts or promotes respect and reverence, that when leaves fall from a tree a supernatural force causes them to fall, but the wind that is blowing is nevertheless the logical and adequate cause.

There exists a vast mass of trustworthy material testifying to the reality of cures effected by other than physical means. No one denies it. These cures are susceptible to logical explanation. Does any one doubt the reality of the cures effected by the Perkins-Tractors, or the King's Touch, or the Berkely Tar Water, or the hundred other agencies which have had great vogue in past times? Were they effected by God? The Emmanuel Church will have to quicken its pace to get as many real cures to its credit as Mr. Perkins had before he was gathered.

Unless the Emmanuelites believe as the Reverend Mamma of Brookline believes, that sickness is sin, they haven't a leg to stand upon. When Jesus was leaving Capernaum a man sick of the palsy lying on a bed was brought to Him as he entered the ship. He said to him, "Son, give good cheer, thy sins be forgiven thee. Arise, take up thy bed and go into thine house." The real Christian Scientists are much more logical than those who ape their tactics so closely that it is difficult to distinguish them, but who are ashamed to fight under the flag.

I say to you if you need supernatural aid go to the chief pumping station; go to Boston, of course, for Boston is the irradiating center for all forms of supernaturalism, but when you go, go to the Temple, not to the Church. If, however, you are a philosopher, and believe that the way to rid yourself of an infirmity that is the legitimate sequence of a bad habit is to replace it by a good habit, and the way to overcome an impulse which is dependent upon enfeebled will power is to develop will power in some systematic way, as you would develop memory or muscle, then I advise you to pin your faith to the profession that practises the cure of disease legitimately.

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